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TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY TO AUGUST, 1839.

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No. 1.

ON DISEASES OF THE JOINTS.

FROM MR. LISTON'S LECTURES AT THE UNIVERSITY COLLEGE HOSPITAL.

Excision of the joints, said Mr. Liston, was an operation which had been practised, he feared, rather indiscriminately, in cases where, perhaps, complete rest might have saved the patient the suffering and risk of an operation; or again, where the disease was so far advanced that no hope of recovery from this operation was left. It was, however, a highly advisable and successful proceeding in many cases. There was, generally speaking, little difficulty in effecting the disarticulation, the ligaments being almost destroyed; though, in the case of the elbow which was operated on the other day, there was a great deposit of new bone round the diseased part, with a condensation of the soft parts, which rendered the proceeding somewhat more difficult than usual. This deposit of new bone, as he had already remarked, would disappear by absorption after the ulcerated and unsound articulating ends were removed; further, it was not at all necessary to interfere. Young subjects might, after excision, recover some useful motion of the elbow-joint; the muscles of the neighborhood formed new attachments, new ligaments were formed, and bone deposited. This was not to be expected in the adult, in whom it was a safer and better plan to endeavor to obtain a stiff joint at the most favorable angle.

Disease of the Shoulder-joint was of less frequent occurrence than any of the others. This disease was indicated by wasting and weakness of the affected limb; indeed, in the primary stages of the affection, the weakness was the only sign to lead to a supposition of the real state of the case. You would find the deltoid, supra spinatus, and other neighboring muscles, wasting away without pain or much annoyance to the patient, except when the joint was moved, so as to bring the articulatory surfaces in contact. The limb became loose in consequence of the ligaments being softened, and there was great latitude of motion in every direction. Unless the progress of the disease was soon checked, it rapidly gained ground. The disease generally commenced in the synovial membrane, and then ulceration of the surface of the bones forming the joints took place. In the first stage of the complaint absolute repose of the limb, by means of a sling and a splint, formed of thin skirt leather, was the proper proceeding. When pain was present, counter-irritants were to be employed, and repeated blisters, formed by means of the nitrate of silver, was one of the most efficient means of carrying

this into effect. An issue might be formed on each side of the joint, by imposing a bit of potassa fusa, the size of a split pea, and confining it by a bit of lint and plaster for a few hours. This was quite as efficient and much less appalling and painful than the actual cautery in any form, moxa or other. Peas were not necessary, as dressing the part with ointment of tartarized antimony, when it was likely to heal, for an hour or two, was quite sufficient to refresh it and restore the discharge. The patient's health must also be looked to, and the preparations of iron were among the most useful. The disease, however, would frequently go on in spite of every plan, or the patient might not apply sufficiently early to carry these proceedings into effect; not coming under the eye of the surgeon until matter had formed in all directions, and the joint had become thoroughly disorganized. In such a case as that, means must be taken to remove the cause of the local disturbance; and as it would be cruel, under such circumstances, to amputate the limb, the operation of resection should be resorted to. This operation had been practised by Messrs. Bent, Orred, Moreau, Morel, Syme, and himself. Mr. Blackburn had alluded to the cases which he (Mr. L.) had treated, and complains that he could procure no satisfactory account of them, so that he might render them available in his paper. As he (Mr. L.) was settled in London at the time the paper was written, he felt rather surprised that no application had been made to him for the particulars, both of these and the operations on the elbow and other joints, which he would have willingly furnished. He had performed the operation on the shoulder three times successfully, and the parts removed were before them. The operation of excision of the shoulder was one which must vary according to the extent of the disease. In some cases it was sufficient to remove the head of the humerus; while in others, portions of the scapula must be taken away. In some cases the glenoid cavity was sound, but the end of the acromion and clavicle required excision. It was done in this case by means of the cross-cutting forceps, with difficulty; the saw could not be well employed in this part of the operation.

Disease of the Foot.—The great toe was very frequently diseased; the smaller toes were not nearly so often affected; he had seen, he should think, not more than ten or twelve cases of disease in the small toes during the last fifteen years. The great toe was much more exposed to injury than any of the others. The disease commenced either in the bone itself, or in the articulations; and here were a great many specimens in which it had taken place in the metatarsal bone. Sometimes it commenced in the bone, and implicated the joint, while it often, again, commenced in the articulations, and, most frequently, in that one between the metatarsal bone and phalanx. Here is a specimen removed a few days ago from an unhealthy lad, in whom swelling and pain on the inner part of the foot came on without any assignable cause, and a collection of matter formed. He (Mr. L.) suspected, at first sight, that the bone was diseased. The abscess was opened freely, and on introducing a probe, some days afterwards, it was found to pass into the cancellated structure. The disease, as they might perceive,

lay betwixt the head of the metatarsal bone of the great toe and the internal cuneiform bone, which was also extirpated. Here was a specimen of necrosis in the same situation.

He had already stated that he had seen the metacarpal bone of the thumb removed, the organ being afterwards useless. The metatarsal bone of the great toe had also been taken out; amputation, he was now fully convinced, would have been a more advisable proceeding—one attended with much less pain. Generally speaking, the entire of the part diseased, and a portion of the sound bone beyond, should be removed. The amputation might be performed at any of the articulations; or, again, it might be necessary to divide the bone in its middle, as in the disease in the metatarso-phalangeal joint. The removal of the whole of the metatarsal bone was frequently rendered imperative. Even the bone supporting that, the internal cuneiform, as they had witnessed, circumstances might demand the removal of. The cutting forceps introduced by him (Mr. L.), many years ago, into the surgical apparatus, afforded great facility in many of these operations. The sole of the foot and palm of the hand, when the use of this instrument was well understood, did not require to be encroached on, and hence there was much less trouble from hæmorrhage, the plantar or palmar arches being generally uninjured.

There was often very extensive disease of the foot, involving the entire chain of bones running across it, the whole of the tarsal bones, or the articulations between them, becoming affected, from which it sometimes became necessary to remove the foot by Chopart's operation. Again, the disease might only involve one bone, as, for instance, the cuboid, or os calcis; and in some cases the joints were untouched, though, generally speaking, they were more or less affected. A common seat of the disease was in the articulation between the astragalus and os calcis, and this soon spread to the other bones and joints of the foot. In this case (showing a recent specimen) it is probable the disease commenced in the bone—the os calcis, as could be observed, was a mere wreck. It was in the synovial apparatus betwixt the bones, on the other hand, that the disease in the patient Tuck seemed to have originated. Disease of these parts, like that in other joints, soon involved the neighboring parts. In this case there were swelling, pain, and inability to use the limb; abscesses formed around; these burst, forming a number of sinuses, which ran across the joint, and led to the bones. In one of the cases in question, the abscesses appeared betwixt the tendo Achillis and the bones of the leg. Rest, counter-irritation, and supporting the patient's health, is the plan of proceeding in the early stages, and this must be for a long time persevered in. It was well to make the patient walk about, resting upon the knee, on a wooden leg, instead of using crutches. In advanced cases any plan was often unavailing, the knife being at last required. When this was determined on, it would remain to be considered what would be the best plan of amputating, and this would depend, in a great measure, upon the means which the person has of getting proper apparatus. Now and then, however, in diseases of the foot, the member might be saved by a par-

tial removal of the bones, as when the disease was situated in the cuboid bone, or calcaneum. An incision, to effect this, should be made in the external parts, and the diseased portion removed by a small trephine, scoop or forceps. Sometimes a carious cavity had to be dealt with, and occasionally portions of dead bone might be taken away, with a fair prospect of permanent recovery. One or two such cases had been so treated in this hospital. Resection might be resorted to occasionally, even where the tibio-tarsal articulation was affected. He had performed this operation several times when in the north. He had, indeed, removed the whole of the ankle-joint, successfully, in two instances; the only inconvenience arising from the operation consisted in the limb being rather shorter and the joint stiff. He had seen those two individuals walking stoutly and well, many years after the operation, and they might be forthcoming yet perhaps. In cases of accident, where the end of the tibia, sometimes with the fibula and astragalus, had been thrown out of their place, the removal of the protruding portion was, as they must be aware, an advisable and successful proceeding, and one which had often been practised by many good surgeons, as Park, Gooch, Hey, Sir A. Cooper, &c. &c.

They had lately witnessed a very rapid recovery after the removal of more than an inch and a half of the articulating end of the tibia. The circumstance of the fibula being entire or not (and it seldom did escape in this injury) had a considerable influence on the cure, as regarded its rapidity and the usefulness of the member. The diseases of the knee and hip-joints are still to be considered.

PHLEGMONOUS INFLAMMATION OF THE ABDOMEN.

(Communicated for the Boston Medical and Surgical Journal.)

H. G. H., of Spencerport, of a bilious sanguino-phlegmatic temperament, the bilious predominating, a man naturally of strong mental as well as physical powers, but whose constitution had been somewhat impaired by repeated and severe attacks of bilious disease, by trade a carpenter and joiner, had been engaged for about six weeks previous to being taken sick, in a Methodist protracted meeting, of which he was a class-leader. He was subjected through the day, and usually till 10 or 12 o'clock at night, to a heated and crowded house, with great mental and physical excitement, and would then go out in the chilly night air, and walk a mile. Being naturally quite fleshy, his system was kept constantly on the brink of disease. When taken down, he was engaged in painting over head. First complained of languor and lassitude, followed by chills and flashes, with slight pain and soreness in the right iliac region. On examination discovered ecchymosis, or a black and blue spot, directly over the seat of the pain. Sent for a physician, Dr. Washburn. This was Tuesday, April 24th, 1838. Dr. W. came and bled him; administered a large portion of calomel in divided doses, followed with salts and senna, after the operation of which, he was put upon a solution of emetic tartar, in nauseating doses, alternated with *spt. nit. dulc.*

and Dover's powder. The bleeding was repeated the next day, with a calomel purge the day following.

This course was continued, save the bleeding, till I saw him on Sunday, the 29th. Kept him upon the same through the day, considering what had been done highly proper and efficient. At this time there was a general tumefaction over the bowels. Complained of excruciating pain on the passage of physic; in fact, blood and mucus, in considerable quantity, passed from him, attended for a day or two with almost an entire suppression of urine; what little did pass was high colored, thick and muddy. On Monday we put him on deobstruent doses of calomel once in 4 hours, Dover's powder, with an increase of opium to allay the severe pain in the bowels; sul. nit., spt. nit. dulc., mucilage gum arabic, as diuretics. On Tuesday night discovered the gums were slightly touched. Followed the next day with salt and senna, giving just before the operation a dose of the antimonial solution, so as to induce severe nausea, which was followed by vomiting and purging, in immense quantities, of a dark, grumous, bilious matter, surpassing in quantity anything I ever saw before. At this period there seemed to be a breaking up of the disease. The coat began to peel off the tongue; urine abundant and of natural color; perspiration free; in fact, all the secretions became free and abundant, with quite a strong desire for food the day following. We now anticipated immediate convalescence. The disease had been looked upon as a bilious fever of the remittent type, by Dr. Washburn and myself. There was an exacerbation of fever night and morning, complicated with congestion of the walls or parietes of the abdomen, and there had been constantly more or less tumefaction, which at this time subsided, with the exception of a tumor about the size of an inverted tea-saucer, in the situation of the ecchymosed spot.

From this period convalescence stopped; the patient complained of great pain in the tumor; the pulse became quick and wiry; no desire for food, with sickness and nausea. On Friday, my friend Dr. Edson, of Scottsville, saw him in council, and considered the tumor to be phlegmonous inflammation; thought it might be discussed, but that no matter would form; to effect which, he advised to keep up a slight mercurial action with the blue pill; the other medicine the same; and in addition to the poultices which we had applied from the first to the tumor, an ointment of 1 drachm of iodine, 10 grs. per chloride mercury, 1 oz. lard. He remained much in the same state till Monday following, when by throwing off the clothes from him, or some other cause, there was a sudden and violent increase of the inflammation, with a change of place; the tumor now extending as high up as the ribs, and involving the whole umbilical region. At this time Drs. Edson, from Scottsville, and Elwood, from Rochester, saw him. They now thought suppuration would take place; advised to continue the same course, with blistering. A blister applied. From this time the patient grew worse for a few days; excruciating pain; the pulse quick and wiry; the coat again peeled from the tongue, leaving it dry and parched, and of a fiery-red color. We now looked on the case as fatal. But in a day or two the most

alarming symptoms subsided, the pulse became slower and softer, the tongue moist and slightly coated, the fever greatly abated, with perspiration, sometimes profuse. He still complained of constant and severe pain in the tumor. From this time forward warm mucilaginous poultices were constantly applied, principally slippery elm; his bowels kept open with gentle cathartics; sal. nit., spt. nit. dulc., crem. tart., mucilage gum arabic, were alternately given at regular intervals, with Dover's powder on a rise of fever, and constantly at night, with an increase of opium to procure rest from the harassing pain.

On the 23th of May signs of suppuration came on, chills and rigor, with a slight abatement of pain; evident fluctuation was soon perceived. And now there was great anxiety with patient, friends and neighbors, to have the tumor opened, as a great deal of alarm and fear had been entertained that when suppuration took place, it would break the inside and produce certain death. This result was predicted by a physician, who said he had known a case of the kind. I tried to disabuse them of these fears. As far as my limited knowledge extended, no case of the kind had ever been reported; for it is an established law of the animal economy that all formations of matter tended to the surface, and when they opened of themselves it was always externally; therefore no fears need be entertained. But such anxiety was manifested, that on the 4th of June I made an incision into it, probably to the depth of one and a half inches, through the sound flesh. A small quantity of matter followed the instrument, but no more. The operation, for a day or two, seemed to aggravate the symptoms, as I have seen it in case of inflamed breast, where an opening has been made too early, for the sake of quieting the woman. A tent was inserted in the wound to keep it open. On the 7th day from this, the 11th of June, the tumor was at its largest size. From one iliac region to the other, it measured about 8 inches, from the pubis to the epigastric between 7 and 8. By inserting a probe into the opening, to the bottom of the abscess, it was $4\frac{1}{2}$ inches. On enlarging the opening, by a new incision, matter flowed freely; the precise quantity not known, but supposed to be a number of pints.

From this time the tumor decreased, and he convalesced rapidly. On the 27th of June I saw him the last time; found him 1 or 2 miles from home, the tumor entirely subsided, save some induration of the parts about the navel, opening almost healed. Soon went about his business.

I send this imperfect report of (to me) a rare and interesting case, never having seen one or the report of one just like it. Dr. Elwood never saw but one, and that proved fatal. Dr. Edson never saw one just like it. These men have practised in this county more than twenty years, and are acknowledged to be the best in it. Will you or some of your numerous correspondents make strictures on the above, as I am young, have but just learnt my alphabet in medicine, and wish instruction.

Yours, very respectfully, GEORGE P. HOWARD, M.D.

Adams Basin, N. Y., Jan. 22, 1839.

ANTIQUITY OF LITHOTRITY.

[OUR readers cannot but be interested in the following communication from the venerable and celebrated Dr. Coxe, of Philadelphia. His name carries us back to the days of Rush, Wistar, and other great men in the science of medicine, who were ornaments to the age in which they lived. It rarely happens in these times that physicians evince that laborious research after knowledge which characterized those distinguished pioneers in medicine on the Continent of America. The construction of the paper from Dr. Coxe brings to mind the character of the old school of medical philosophers—they were indefatigably persevering in the pursuit of truth.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the No. of the Boston Medical and Surgical Journal of January 9th, page 361, is an interesting paper, headed “Documents in the History of Lithotrixy, principally among the Arabians,” &c. In it we find a passage cited from Albucasis on the subject, as seems to be inferred, from an edition of 1519 of his “*liber Theoriæ rec (nec. qu.) non practicæ.*”

I have never met with the work in question, but have two editions of his work on Surgery—the one entitled “*Albucasis Chirurgicorum omnium Primarii, Lib. tres,*” in fol., printed at *Argent.* (Strasburgh, I believe), an. 1532—together with the four books of Octavius Horatianus on medical subjects, and both apparently translated into Latin by Hieronymus Gemusæus, in connection with several other ancient writers on different subjects relating to medicine. This is also in Latin, and fol. form. Both of them contain, under the head “*de extractione Lapidis,*” ch. 60, the quotation given in English by you from J. Channing’s translation; and as it may interest your readers to see the Latin version of the above old editions, I copy it out, at least of one of them, for they differ slightly from each other; neither of them, however, terminate as in the English, with the pious ejaculation there given, nor is their division of the different sentences, respectively, the same; nor do the figures of the instrument employed, correspond with that given in your Journal.

“*Quod si lapis est parvus, et sit in meatu virgæ, et figitur in eo, et prohibet urinae exitus: tunc cura ipsum ea ratione quam exposui antequam pervenias ad sectionem. Multotiens enim fit per hanc curationem ut nihil opus sit sectione. Ego enim probavi illud; necesse est autem ut accipias perforatorium ex ferro alfelud (alferico, alter) cujus hæc est forma.*



The figure in the other copy is nearly the same, but better executed and more ornamented.

Triangulatæ extremitatis acutum fixum in ligno. Deinde accipe filum, et liga cum eo virgam sub lapide ut non redeat ad vesicam. Deinde intromitte ferrum perforans in virgam cum facilitate, donec per-

veniat perforatorium ad ipsam lapidem, et revolve perforatorium manu tua in ipso lapide paulatim, et coneris perforationem ejus, donec facias ipsam penetrare a parte altera. Urina namque absolvitur statim, deinde preme manum tuam super illud quod remansit ex lapide ab exteriori parte virgæ. Ipse enim frangitur, et egreditur cum urina, et sanatur infirmus. Si autem non succedit hæc curatio propter aliquid quod prohibet ab illo: tunc liga filum sub lapide, et filum alium supra lapidem. Deinde seca super lapidem in ipsa virga inter duas ligaturas. Deinde extrahe ipsum, postea solve ligamentum, et mundifica sanguinem congelatum qui fit in vulnere. Et non est necessarium ligamentum fili sub lapide, nisi ut non redeat ad vesicam, et ligamentum aliud desuper, nisi ut quando solvitur filum post egressionem lapidis, redeat cutis ad locum suum, et cooperiat vulnus: et propter illud necesse est tibi quando ligas filum superius, ut eleves cutem ad superiora, ut redeat exempto lapide in locum suum, et cooperiat vulnus sicut diximus."

It is obvious, from the whole of this extract, that the process of terebration directed refers to a calculus in the urethra, and not in the bladder—as the *first quoted* passage in your paper would more directly indicate. I should, however, desire to see the original, since I can scarcely imagine so interesting a direction would occur there, and not be renewed in this especial chapter of the *Surgery de extractione Lapide*, in which the operation is detailed. I cannot find, in any part of this work, a hint of any kind that would lead to a suspicion that lithotrixy was by Albucasis supposed applicable to the stone in the bladder itself. Something like an idea of this nature appears, however, to have impressed itself on the mind of Marianus Sanctus, a celebrated Italian surgeon, who wrote a "*Compendium Chirurgiæ*," which was published at Venice, and subsequently (1555) at Tiguri, in a collection of surgical writings, entitled "*De Chirurgia Scriptores optimi quique Veteres et recentiores, plerique in Germania antehæ non editi, nunc primum in unum conjuncti volumen.*"

In this work of Marianus, amongst other treatises, is one entitled "*Libellus aureus de Lapide vesicæ per incisionem extrahendo*;" and another, "*de lapide renum et vesicæ Libellus*"—in the last of which, after speaking of the stone, and its symptoms, &c., among other observations is the following (p. 182). "*Verum si quis modus erit lapidis in vesica frangendi, vel solvendi sine nocumento et periculo, experientia comprobatus, diectur in nostro commento, quod in tertio à capite ad pedes usque Avicennæ componemus, sub quo indicans ratio, et experimentum alliciens merentur.*" I cannot find the comment to which allusion is made, and therefore know not to what it amounts. I have looked into Avicenna, but discover nothing allied to it in those parts of his work which treat of the stone; it would, nevertheless, appear, from the extract I have given, that the subject had been considered, if not carried into effect, by Marianus; and I regret therefore that I have nothing to direct me further in its research.

If this communication is adapted to the nature of your excellent Journal, it is much at your service; if not, it has not been altogether useless to me in the research it has led to, for I have lighted on some

other topics of much interest, in the works of the old writers who are herein named.

I am, very respectfully, your obt. servt.,

Philadelphia, Feb. 1, 1839.

JOHN REDMAN COXE.

P. S.—I have copied the above as we should now write the words ; in the old authors, it is usual to have many contractions, and to write the letter *v* as an *u*, almost uniformly, which renders their works at times somewhat difficult and obscure.

J. R. C.

ABUSE OF CATHARTIC DRUGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A remark of yours in the Journal some time since fell under my observation, concerning the abuse of cathartics by *sailors*. I am led to think that they are not the only class to whom your remarks would apply. Let one notice the advertisements of our nostrum venders, and he will have some idea of the demand for cathartic medicine that can thus support the advertising columns in almost every newspaper in the land. I would not be understood to think that all nostrums are cathartic ; but you will find that far the greater part are of this class—and why ? because the popular cry is, give us *physic*, i. e., something that will purge smartly ; and if it does not do this thoroughly, the medicine is good for nothing. Our pill-venders, aware of this popular notion, endeavor to form their pills to meet the public sentiment. Accordingly they use the most drastic, and many of them the most acrid stimulating resins. These imperfect compounds, formed often by inexperienced apprentices, are supplying the community with their most common *family pills*. Every practitioner who has been one year in practice must have witnessed cases of disease caused or aggravated by the use of patent pills. Now why is it that regular practitioners give their aid in upholding this system of quackery—either in using or recommending them ? They are not all, perhaps, equally detrimental ; but in my opinion every physician should use his own compounds in preference to this patent stuff. A practitioner of 30 years' experience, in speaking of *Brandreth's pills*, says "they are only useful in *cleaning out chimneys*."

To show that I have some grounds for the above remarks, I will mention a case.

August 27, I was called to visit a lad about 8 years old ; found him much prostrated ; his pulse small and hard ; had been vomiting for several hours ; his tongue white in the middle, with red edges, and great thirst ; was evidently laboring under *gastritis*. Venesection, anodynes and mucilages, with a blister to the epigastrium, with occasional enemas, was the first part of the treatment. Under this course he seemed to recover for 24 hours ; but the heat and pain in the stomach returned, with great thirst and vomiting, and he died in 6 days.

From the parents I learned that he had *diarrhœa* for some days, oc-

casioned, they supposed, by eating too much fruit. The day before I was called, a friend had prescribed, as a certain cure, *Brandreth's pills*. He took 5 of these pills, which occasioned violent vomiting and purging. Whether this inflammation of the *primæ viæ*, which terminated in death, was occasioned or aggravated by the use of Brandreth's pills, I leave others to judge.

N. B. PICKETT.

Gt. Barrington, Dec. 26, 1838.

SEA-SICKNESS.

[THE following discussion on the causes of sea-sickness took place at a late meeting of the Medical Society of London.]

Dr. J. Johnson said, that having had sixteen years' experience respecting sea-sickness, he would offer an opinion on its cause. He had never gone to sea, even although he had only been a fortnight on shore, without being sick, if there was any breeze at all. He had long come to the conclusion that the sea, *per se*, had nothing to do with the matter, but that the morbid effects were entirely owing to the motion. They were produced partly through the eye and partly through the body generally. The eye was not the only medium through which the impression was made, for persons were sick, though not to the same extent, when in bed with the eyes closed, showing that another cause was in action. During all great earthquakes, as that of Lisbon, sea-sickness was very prevalent, arising from the agitation of the body and the sight of objects reeling. He was quite convinced that the impression was first made upon the brain and nervous system; for, before the nausea came on he invariably felt a giddiness and unsteadiness about the head, indicating derangement of the sensorium; the next impression was on the circulation; before vomiting he noticed the face to be pale and the pulse small. The vomiting was an effort of nature to restore the equilibrium of the circulation and sensation. In proof that the agitation of the body was the chief cause, it was known that those who reposed in a well-slung cot, in which the agitation was considerably diminished, suffered far less than those who remained standing. The old *palliative* of sea-sickness was the horizontal position in the open air, and the bandaging of the eyes. He was in the habit of getting into the main or mizen rigging and covering his eyes. Ladies should go to bed, keep their eyes shut, and their stomachs empty.

Mr. Roberts thought that no satisfactory explanation had yet been given of the cause of sea-sickness. An idea on the subject had occurred to his mind. It was known that certain sets of muscles act simultaneously; that, for instance, the abdominal muscles, the diaphragm, and the muscles of the pharynx, were all concerned in the action of vomiting. To irritate any of those various muscles would be sufficient to throw them all into action; thus tickling the fauces produced vomiting. It appeared to him that when persons were at sea, there was a possibility that, in attempting to maintain their equilibrium during the rising and falling of the ship, the abdominal muscles were thrown forward and re-

tracted, and that the mouth and pharynx were open, and that sickness, after a time, was produced by these causes.

Mr. Pilcher believed, that the cause of sea-sickness was more likely to be dependent on that vibration of the brain* which was produced by the rolling of the vessel. The brain thus shaken, as in cases of slight concussion, was not able to perform its functions. The morbid impression was conveyed by the par vagum, not only to the stomach, but to the various other organs of the body, through the influence of the nervous system. When a bandage was placed round the eyes, or the person fixed his gaze firmly on some immoveable object, the brain was not so much shaken, the body itself being more fixed.

Dr. Bennett had found, in his own person, that the first impression was made upon the stomach, before any perceptible effect had been produced on the brain. He believed, however, that the brain was first affected. Regarding the palliative of sea-sickness, lying *across* the ship and pressure applied to the epigastrium, as recommended by Dr. Pemberton, he had found frequently, though not always, beneficial. In a gentleman he (Dr. B.) knew, the sight of the undulatory motion of a looking-glass produced the sensation of sea-sickness.

Dr. Whiting thought the view most accordant with fact was, that there was a primary cause in action in all cases; but that it required, in most instances, the occurrence of some secondary cause to affect the stomach and produce nausea and sickness. We found, for instance, that a person might be exposed to malaria and not become affected, but when some depressing cause came into operation, such as debility or want of food, the malaria took effect. In others, this secondary cause was not required. So, in sea-sickness, some became affected by merely seeing others sick, &c. He believed that the primary cause depended on the motion of the body up and down. But how did this motion produce sea-sickness? The first action of this motion was on the circulation. He had found his brain perfectly free until the occurrence of the vomiting. When the ship pitched he had felt a sensation about the epigastrium, which feeling he considered did not lie in the stomach itself, but in the large vessels which ran along the trunk. By this rising and falling of the circulating fluid, the blood was forced upon the brain, and left it as suddenly, and hence the production of the nausea and other effects.

Mr. Carter believed that the morbid impression was first made on the nervous system, perhaps through the medium of the eye. He knew an instance in which two gentlemen, who were experienced voyagers, and laughed at sea-sickness, became affected by watching the oscillations of a lamp in the cabin.

* This is the theory of Baron Larrey, who also gravely assures us, that if persons inhabiting the sea-coast be less liable to sea-sickness than those dwelling inland, it is because the former have less brains to be shaken than the latter.—*Ed. LANCET.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 13, 1839.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

THE TWENTIETH VOLUME of this periodical commences to-day. It gives us pleasure to acknowledge the kindness and sustaining influence of the medical profession, throughout the United States, towards this publication. Its patronage has been steadily and permanently increasing, till it has finally grown strong by age, and it now circulates through every State in the Union. We still solicit the contributions of those who feel that medicine is a progressive science.

MEDICAL SCHOOL OF CONNECTICUT.

IN 1810, as we learn from Dr. Knight's introductory discourse, the Legislature of Connecticut established the Medical Institution of Yale College, on the joint application of the College Corporation and the President and Fellows of the State Medical Society. In the winter of 1813-14 the first course of lectures was delivered.

In looking at the catalogue for the present term, we regretted to find that only 46 students were in attendance. At first, it appeared like a want of confidence in an institution which, in times past, has had a most liberal patronage. But this is in fact about in keeping with most of the schools throughout the United States in 1838. However, in the case of Yale, the catalogue does not give the whole number, as the lectures commenced some weeks after the beginning of the academical term, and in consequence of this, the general catalogue was hurried out before the whole class was assembled. We are informed that the actual number in attendance has been 51. But this is too small for an institution which possesses such advantages for a finished medical education. This school has not been guilty of the dishonesty practised by some in this country, of magnifying its patronage by the addition of fictitious names to the annual catalogue and circular. That is not only a mean piece of artifice, but it operates invariably against the prosperity of a school that condescends to such contemptible trickery. With regard to the State of Connecticut, from all we can gather on this point, it appears that but few of her native medical students go away for an education. Only about half the number, however, are now to be found in the State, which constituted the average for the last fifteen or twenty years. And although many go to New Haven from abroad, still, as the whole number of students has diminished nearly in the same ratio throughout New England, and in New York, it is by no means strange the class has become small. A variety of new projects has been developed within the last six years, to divert the minds of young men from the sober business of scientific investigation, or the study of a learned profession; they have too generally been ambitious to spring into the vortex of speculation, with the hope of speedily realizing a fortune. Thus the whole number of medical students is not so large as it was a few years ago, in relation to the entire population; and it is altogether probable that for years to come the classes in all our institutions will be small.

We feel a respect for the medical department of Yale, because no effort seems ever to have been made to force it into undue notoriety. A plain dignified course has characterized all its operations: the faculty, distinguished for their scientific attainments, have never been obtrusive, nor manifested a disposition to increase their importance by defaming or undervaluing their neighbors.

We know but little of the medical professors from their writings, with the exception of the present incumbent of the chair of anatomy. Dr. Hooker's papers on the diseases of the heart, and on other subjects, originally published in this Journal, have been extensively circulated. Professor Silliman has a fame as wide as the boundaries of science. There is no place on the Continent of America, we are bold to affirm, where chemistry is taught with more profit or from higher authority than from this gentleman. Dr. Knight, the professor of surgery, is a polished lecturer. It has not been our happiness to hear him discourse either on anatomy or surgery; but those who have, speak of his finished manner of communicating instruction, his eminent qualifications to sustain with dignity the chair to which he was the last season appointed, and his total freeness from everything like inflated pride, or a disposition to misrepresent himself or others. Dr. Tully is public property, being known everywhere, and to comment, therefore, either on his matter or manner, would be useless. We could not lessen his claims upon the community were we disposed to make the experiment, nor raise him in the esteem of good and wise men, by any effort whatever. Drs. Ives and Beers we know less of than the other members of the faculty; having never heard a word of complaint, it is presumed that they conduct their sections of instruction with perfect satisfaction.

In the anatomical collection there is nothing wanting to give facility to study. The museum is extensive, and well arranged. A new dissecting room was recently constructed, which is well supplied with subjects. A subject costs about fifteen dollars, but there is no other expense attached to the room, which brings the bill for pursuing a systematic course of anatomical dissections much lower than it is in Boston, New York or Philadelphia.

For the free manner in which we have spoken of the members of this school, no apology will be made, inasmuch as we entertain feelings of high respect for them, and have endeavored to say nothing of them but what we believe to be the truth. An active correspondence will enable us to speak with equal freedom of other institutions at the south and west, at a fitting season.

Counsellors' Meeting.—Agreeably to appointment, the Counsellors of the Massachusetts Medical Society met at the Athenæum, at 10 o'clock, on Wednesday last. Notwithstanding the severity of the weather, there were thirty members present. Various reports were read, and committees appointed, to whom subjects were referred for consideration. Drs. Walker and Strong were selected to examine the treasurer's account, and Drs. Morrill and Hooker to inspect the library and cabinet. Dr. Stephen K. Wardwell, of Hardwick, was elected a fellow. Several propositions were made of considerable importance to the Society, which are to be acted on at a future day—with reference to which, there will be an adjourned meeting on the first Wednesday of April next, at the same hour and place, which should be kept in recollection.

A History of the New York Kappa Lambda Conspiracy.—This is a pamphlet of 32 octavo pages, in a close, compact type, which is a reprint of a series of pungent essays originally published in the *New York Whig*—in that particular department of the paper designated the *Medical Examiner*. The author is no respecter of persons—when engaged in ferretting out evil-doers. Bold and fearless, he has driven a wedge in amongst the medical monopolists of New York, that must have rent the brotherhood in twain at the onset. He is just the man for the station he now occupies—a watchman upon the tower, ready at all hours to sound a trumpet when the enemy appears. Things in physic must be in a bad way in that great city, when the profession, like the descendants of Ishmael, are at war, not only with each other, but with the whole world besides.

Guaco.—Mr. E. Wight, a highly respectable druggist, in Milk street, has repeatedly offered this celebrated article to physicians gratuitously, if they will only apply; but to the disgrace of the profession, in this boasted age of medical improvement, there has not yet been a single applicant. It is said to be the juice of a plant growing at Rio Hache. The efficacy of the guaco in rheumatism is represented to be extraordinary. This class of patients abounds everywhere; and since this proposed remedy can be had for nothing, it is to be hoped there is enterprise enough remaining amongst our practitioners to ask for it, at least, even if they never use it.

Dr. Gallup's New Work.—There is just space enough for acknowledging the reception, from Messrs. Otis, Broaders & Co., of this city, of two beautifully-printed volumes, large octavo form, by our venerable friend and correspondent, Joseph A. Gallup, M.D., on the *Institutes of Medicine*, &c. A more perfectly executed medical book never came from the American press. We shall by no means neglect the claims of this finished production.

Sprained Joints.—Is it generally known, Mr. Editor, that bathing a sprained joint in warm water in which soot is mixed, is an effectual and almost instantaneous cure?

J. BYLES.

Premium Essay on the Opium Trade.—In the month of April, 1837, the editor of the *Chinese Repository* had placed at his disposal £100, to be awarded for the *best essay on the opium trade*—showing its effects on the commercial, political and moral interests of the nations and individuals connected therewith, and pointing out the course they ought to pursue in regard to it. All manuscripts which might accumulate by October last, from any part of the world, were to be forwarded to the address of the Chairman of the Society for the Diffusion of Useful Knowledge, London. It is to be hoped that the successful essay will be liberally circulated in this country, for two important reasons. In the first place, the secret consumers of opium in the United States are vastly more numerous than is suspected. Opium-eating is a terrible vice, often detected in the highest circles, for the opulent only can gratify the propensity without restraint. Secondly, is it not generally understood that some American

merchants, of great capital, have accumulated their wealth by forcing immense quantities of gum opium into China, contrary to the known laws of the empire?

Medical Miscellany.—In 1836 it was computed that there were in London 300 physicians, 580 chemists, and 1100 practising surgeons, exclusive of a multitude of medical pupils. From 1744 to 1800, the deaths in that city exceeded the births by 267,000, being on an average, annually, a loss of 4,700 persons. From 1801 to 1830, the births exceeded the deaths by 102,975—an average of 3,500 per annum.—Samuel F. McGill, a colored man, who was educated at the Medical School of Dartmouth, where he remained three years, recently sailed in the Brig Oberon, for Liberia, where he intends to establish himself for life.—A class of thirty-three young gentlemen took the degree of M.D., January 23d, at the Fairfield Medical School.—Mr. Burke, the phrenologist, who lectured at the Athenæum, in this city, the last summer, is now discoursing on the same subject at Albany.—The medical students of Cincinnati College have petitioned the Legislature of Ohio, in consequence of being denied the advantages of the Commercial Hospital. It seems the students of the Ohio Medical College monopolize the *seeing* of the practice there.—A Thomsonian announces his success in curing insanity by the use of “*tea, No. 3, with a requisite portion of lobelia and nerve powder,*” which was administered by force.—Efforts are making to give Mr. Combe a class of three hundred to attend his phrenological lectures at the Stuyvesant Institute, New York, on the 15th of April.—A dangerous typhus has lately prevailed in France, in the mountainous districts of Oude, which carried off six hundred persons.—A physician was recently drowned while skating above Louisville, Ky.—A man in Springfield, Illinois, lately lost his life in consequence of taking 300 Hygeian pills, prescribed by an empiric.—There were only 407 deaths in the city of Lowell in 1838—of these, 65 died of consumption.—Dr. James Macdonald, physician of the colored orphan asylum, New York, presented a report to the managers, the other day, in which he attempted to explain the cause of the unusual mortality in the institution the past year. There were only 8 deaths, however, in the whole. The report has been most singularly criticised and skeletonised in a paper called the *Colored American*, conducted by a pair of shrewd colored editors.—In 1835, out of 993,833 births in France, 74,727 were illegitimate. In 1836 the births were 979,820, of which 73,302 were born out of wedlock.—The varioloid is prevalent at Louisville, Ky.—and the smallpox near by.—The Georgia Legislature have imposed a tax on quacks.—Several persons have died of hydrophobia at Cootisville, Penn.—Dr. Baxley, of Baltimore, has successfully performed the formidable operation of taking out one half the under jaw of a lady, for osteo-sarcoma.

TO CORRESPONDENTS.—The paper on the eye, from Dr. Wallace, of New York, is received, and will have early attention. Other favors are also on hand. ☞ The title-page and index of Vol. XIX. will be forwarded to subscribers as soon as it is printed.

DIED,—At New York, Dr. Joseph Mechlin, of Mobile, 35.

Whole number of deaths in Boston for the week ending Feb. 9, 39. Males, 23—females, 16. Of consumption, 5—dropsy in the head, 1—teething, 1—brain fever, 1—typhous fever, 1—fits, 1—quinsy, 1—fractured skull, 1—sudden, 1—scarlet fever, 5—cramp in the stomach, 1—disease of the heart, 1—hemorrhage of the lungs, 1—worm fever, 1—convulsions, 1—cachexia, 1—marasmus, 1—inflammation of the bowels, 1—croup, 2—disease of the brain, 1—lung fever, 2—erysipelas, 1—intemperance, 1—infantile, 1—stillborn, 4.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Kates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Fowler, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

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AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 16.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—septN—emtJy

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lycep

33 Prince St. corner of Salem St. Boston.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—septf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with *VIRUS VACCINÆ* Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office. Oct.2

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D. Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, FEBRUARY 20, 1839.

No. 2.

ON DISEASES OF THE JOINTS.

(Continued from page 8.)

MR. LISTON said he had neglected, in his former lecture, to state, that one of the most important signs of disease of a joint, large or small, was the great extent of unnatural motion which existed in it. This was readily accounted for by the state of the lateral and other ligaments, which were softened, relaxed and disorganized. The wasted condition of the muscles of a disused limb might also be noticed as a cause of this unnatural mobility. It was important, besides, to observe the sponginess and lightness of the neighboring bones, which, indeed, were so thin in their shells and so soft, atrophied as the phrase was, that they could be readily cut with a strong knife. They were, besides, often diminished in bulk and length by interstitial absorption. This occurred either with or without deposits of tubercular matter in the cancelli. There was little chance of a natural cure when the joint was thus diseased. Sometimes, though rarely, a cure was effected by the unsound surface being thrown off and ankylosis taking place. In many cases it was absolutely necessary to amputate the limb, while in other instances, as they had lately seen, it was sufficient to remove the diseased portion only. This operation could be more frequently resorted to with advantage in the upper than the lower extremities. Unless the affected limb could be preserved of nearly equal length and strength as the other, progression must be performed awkwardly and inefficiently. Whereas under many circumstances, if the motions of the wrist and fingers only of one side could be preserved, though the shoulder and elbow-joints were immoveably fixed, if in a favorable position, the organ, being independent of the other, might be applied to many useful purposes. The difference in length and strength in the two limbs was of much less consequence.

DISEASES OF PARTICULAR ARTICULATIONS.

Diseases of the Articulations of the Fingers might be the result of injury to the joint, or follow disease of the soft or hard parts; or it might be the effect of a sprain, or a trifling bruise and laceration over the convexity of a joint. It more frequently, however, followed an attack of inflammation and abscess of the soft parts, as in whitlow. Whitlow, or paronychia, might come on spontaneously, or follow injuries, as a bruise, punctured wound, or bite, &c. He had seen, very

lately, an instance in which extensive disease of two of the articulations of the finger came on as a consequence of a bite from a man. A fellow had got troublesome in his cups, and set to tearing the waiter's shoulder with his teeth; a person interfered to eject the troublesome customer, and was attacked in a similar manner. The landlord tried to "choke off" the original assailant, and had, in return, the forefinger of his right hand well chewed. The part became violently inflamed; abscesses formed: these were opened. The phalanges of the joints, however, became affected, were loosened, and grated distinctly: amputation was hinted at. The patient was advised to apply to some old quack or other, in petticoats, who promised a perfect recovery. The greater part of the middle phalanx, with the flexor tendons, however, came out and caused so much alarm that amputation was at length submitted to. Mr. Liston had seen many such cases, both in public and private practice. Whitlow was always attended with much pain from the unyielding nature of the affected tissues, and effusion, which generally relieved inflammatory action existing in other situations, only produced an aggravation of the symptoms and the danger in this. If the bone in cases of whitlow become first affected, the disease soon runs its course, and in five or six days, perhaps, you might find extensive necrosis. Disease of this kind could not go on long without implicating the joint. Neglected diseases of the fingers often led to extensive abscess of the hand and wrist. These bad consequences of inflammation, abscess, death of the tendon and bone, disease of joints and implication of neighboring parts, were only to be averted by early and active antiphlogistic means, by which was not meant saline medicine and cold lotions, but free leeching, fomentations, and, if need be, early and free incisions. The dreadful suffering and fever would then be relieved, and the tissues preserved in, or restored to, their normal condition. The smaller joints were subject to the same changes as occurred in the larger ones; the synovial membranes become thickened and vascular; the cartilage was absorbed, as seen on the recent and injected specimens; the bone became affected, the joint swelled, and the ends of the bones grated sensibly upon each other. Under these circumstances it was very rarely possible to produce a natural cure, and when this was effected the ankylosed joint was rather in the way than otherwise. In what position, to render the organ serviceable, could the joints be put and fixed permanently, bent or straight? In neither could it be of any use, but the reverse. Amputation, under all the circumstances, was very often the most advisable proceeding. When the finger was diseased at the metacarpal articulation, then the member should be removed with a portion of the metacarpal bone. When the phalanges and tendons were irretrievably implicated in disease, then the removal was effected advantageously at the metacarpo-phalangeal joint. In disease of the middle and proximal bones the removal might be by disarticulation, or by division of the bones in their middle, according to circumstances. These operations he would demonstrate shortly. In cases where the thumb was diseased, a natural cure was much more desirable; a stiff thumb was better than none, and would always act as

a resisting point to the fingers. A cure was effected in the case from which a sketch exhibited had been taken, a very severe and aggravated one, as well as in many others, by putting the member up in splints for a considerable period. In cases where the last phalanx of the thumb or finger was affected, the portion of the diseased bone might often be removed, and a cure effected without deformity; but this could not occur when any other of the bones or articulations were involved. Amputation was then the only remedy. The pupils must have seen the great anxiety evinced in a variety of cases to save as much as possible of this useful organ when implicated by disease, or suffering from the effects of injury, and must be convinced that the mutilation was inevitable when recommended and resorted to. It had been proposed to take out the whole or portions of the metacarpal bones when involved in disease, without removing the thumb or finger, which they had supported. The attempt had been made, and he had witnessed it in one case. The remnant of the thumb was powerless and always in the way. Much better that it had at once been amputated.

Disease of the Wrist Joint.—Here the disease existed between the rows of the metacarpal bones, or in the articulation between them and the bones of the forearm. In a case operated on the other day, there was ulceration of the cartilage, betwixt the radius and ulna, and the disease had spread also to the articulating surfaces of the scaphoid and lunar bones with the radius; one of these bones was, in point of fact, in a state of necrosis, and nearly detached. When disease had once seized on the wrist, great mischief was likely to ensue; so many articulating surfaces, membranes and ligaments came together in this neighborhood. They had now opportunities of seeing many cases of this disease in its various stages. The signs of disease in this were similar to those observed in other articulations, swelling, unnatural looseness of the joint, and, in some instances, discharge from sinuses. The introduction of a probe into the diseased articulation, would at once, in most cases, afford a sensible sign, while in others, from the winding course the sinuses took, it was impossible to introduce the instrument with a satisfactory result. In the earlier stages of disease, by perfectly steadying the joint, by means of a splint, and the use of counter-irritants, particularly repeated blisters, raised by the nitrate of silver, a cure might be brought about. In some instances the opening might be enlarged, and the bone, when only one was affected, extracted. He had met with some cases of this kind, in one of which the os magnum was removed, and the cure was complete and permanent. Generally, however, as other bones were implicated, this proceeding could not be adopted, and in aggravated cases, with profuse discharge and hectic, amputation was called for. Resection of this joint could not easily be performed; there would be great risk of wounding important parts, and the disease would be apt to recur. Even if it did not, the hand could not be serviceable. In the case of this disease presented the other day, amputation offered the only chance of success, the patient being much exhausted by the violence and long continuance of the disease.

Disease of the Elbow-joint might come on spontaneously, or, in

some constitutions, follow slight injury to the part, or a more severe one in others. In some rare cases it had resulted from compound fracture of the olecranon process. Here was a specimen of disease from this cause. In this case the patient slipped, as she was getting out of bed, or fell out of it, and the elbow struck against the chamber-utensil, which broke, producing a wound extending into the joint. The articulation was kept quiet, and every means for the prevention and reduction of inflammation employed, but one abscess formed after another, and the disease spread to such an extent, that it became necessary to remove the limb; nothing less than this would have been successful, as the humerus, as they would see, had become necrosed. Very generally the disease was attributed to sprain, or it might follow upon rheumatic inflammation, thickening of the synovial capsule, and consecutive ulceration of cartilage and bone, supervening upon affections of the fibrous investments of the joint, as, in fact, happened in the patient whose elbow-joint was cut out the other day. When the elbow-joint was diseased, the same symptoms and signs were observable as when other articulations were affected. At first, as might be seen in several cases under treatment (one of these patients had almost lost one of his lower extremities, on account of extensive necrosis of the tibia, with diseased epiphysis and knee-joint), the disease might be checked by appropriate treatment, and often without much impairment of the functions of the joint. In many cases, however, the disease of the elbow was in such an advanced state, when presented to the surgeon, particularly in hospital practice, that it was necessary at once to remove the limb.

In the case of a little girl, lately in the hospital, who had for a long time labored under disease of this joint, he had at one time proposed to remove the ends of the bones. Her admission into the hospital was retarded by an attack of smallpox. When she did come under his care the mischief was so extensive, and her general health so much impaired, that he considered amputation, under all the circumstances, as the most desirable and only safe proceeding. Had he attempted resection here, he might, after all, have been obliged to remove the limb under most unfavorable circumstances, and with an almost perfect certainty of losing his patient; this Mr. Syme did, in a case in which he (Mr. L.) had dissuaded the parents from having excision performed; this was, however, done, amputation followed, and death soon closed the proceedings. In many instances, however, where the health was good, and the disease was confined to the joints, Mr. Park's operation could be performed with benefit. This operation had been now resorted to in a vast number of cases; he (Mr. L.) had performed it seven times. The operation proposed by Park, as already remarked, was performed several times by Moreau, father and son; it fell into disuse until revived by Mr. Crampton, of Dublin, in 1823. It has since been frequently employed by Roux and Syme; once by Mr. Spence and Dr. Simpson, of Edinburgh. Strange to say, it had been performed by any other than himself, once only in London, so far as he could learn, and that by Mr. Key; the case was detailed in "Guy's Hospital Reports," and had given occasion for a very excellent paper on the subject by Mr. Black-

burn. The operation had already been twice resorted to in that (University College) hospital. The limb was not always so strong as before, but, in some instances, a good serviceable joint was formed from ligamentous ankylosis having taken place. In young subjects, however, in addition to ligamentous ankylosis, there was often an osseous deposit at the extremities of the bones, and an attempt, in some cases, to supply the want of the heads of the bones; these became covered by a sort of capsular ligament, and a pretty good joint was formed. This was a different process from that which was observed after division of the shaft of a bone if the cut end is well protected. Mr. Crampton, in an excellent paper on this subject, in the "Dublin Hospital Reports," had remarked that the "injury is repaired in one case by parts whose determinate function it is to form and repair only the shaft; if in the extremity, by parts whose determinate function it is to form and repair only the extremity." The operation of resection of the elbow was neither difficult nor dangerous, and if undertaken under proper and favorable circumstances, should almost always be successful. The patients on whom he had operated had all recovered, with tolerably serviceable limbs, with the exception, he believed, of one left by him in the Edinburgh Hospital; when he came to take charge of the surgical department of the North London; that case, he had been informed, did not go on favorably, and he was not certain that the limb had not been ultimately removed. This said nothing against the operation; the patient, a young woman, was in a most favorable state for its performance, and was doing well, when he left, many weeks after; the charge devolved upon a person, now no more, who was certainly a *professor* of surgery, but one who had been preferred, and put over his (Mr. L.'s) head, more on account of his adherence to, and proficiency in, politics, than in his profession. How the treatment had been subsequently conducted he could not tell; probably an attempt was made, by passive motion, to form a new joint, a hazardous and unsurgical proceeding in such cases, after the growth is completed. The appointment alluded to, and one made on somewhat similar grounds, determined his (Mr. L.'s) removal to London; at all events made him less unwilling to hearken to offers made him to join that school.

Dr. Jeffrey, of Glasgow, who was rather a theoretical than a practical surgeon, had recommended that an incision should be made on each side of the articulation, in order to divide the lateral ligaments, and to avoid injuring or disturbing the parts on the posterior aspect of the joint, too much; and he further advised, that a toy-like instrument, the chain saw, should be employed instead of the common amputating one. In the operation he (Mr. L.) had performed the other day, and in every other one, the only instruments he had used were a bistoury, cutting forceps, and a common amputating saw. The joint was cut down upon, and the remains of the ligaments divided; the elbow was then brought to such an angle as to permit the heads of the bones to be readily thrust out; the parts around them were detached, the ends sawn off, and the bones replaced in a proper position.

OPHTHALMIC HOSPITAL AT CANTON.

[We continue our quotations from the interesting reports of this institution.]

Encysted Tumor.—Wangke, aged 12 years, of Shuntih. This little girl is a slave, and was sold by her mother for \$8 or 10. She was accompanied to the hospital by her purchaser, a very respectable and well-bred Chinese woman, who said the child was not her offspring, yet she felt for her the affection of a mother, and though the blemish had been a sufficient excuse for returning her to the mother, she preferred not to do so; and having heard of the hospital in Canton, was at the expense of time and money to bring her, with the hope of relief. She had an encysted tumor, about 16 inches in circumference at the base, situated upon the sacrum, and to the right side. Its pressure had produced some absorption of the sacrum, and caused the os coccygis to turn outwards. It was moveable, and hard pressure gave it no pain. There was no weakness of the spinal column or of the lower extremities. After suitable preparation of the patient it was removed, and found to be attached by a peduncle of the size of a common quill, which entered one of the posterior sacral foramina. On dividing it, one of the gentlemen who assisted noticed a slight flow of milky substance from the point of attachment. A ligature was required to prevent the escape of the fluid from the tumor, which was distended with limpid contents resembling a bladder of water. The wound was dressed as usual. The child was in a sub-comatose state for some hours after the operation, and slow in answering when spoken to—perhaps from the opiate she had taken. In the evening and the next morning, her pulse ranged from 130 to 140, with considerable fever, and there was anxiety for the result. Calomel and rhubarb were given, and brought away a quantity of large worms (*lumbrici*), and all her unpleasant symptoms subsided. The child's appetite became good, and the wound healed up by granulations in a little more than a month. She became the picture of health, and, with cheeks plump and rosy, was discharged at the expiration of six weeks.

Hare-lip.—Lan Atang, aged 17, of Honan, was disfigured by this congenital malformation, which extended up into the left nostril, and two teeth projected out at the opening. These were removed, and when the soreness subsided, the operation was performed. The union was perfect, and the dressing removed in about one week. Both the appearance and voice were very much improved.

An operation is sometimes performed by native physicians for this deficiency. It consists of applying an escharotic between the edges of the lip, and as this sloughs out, the lips of the wound are brought together and healed up by granulations. I have seen four cases in which the operation has been performed. In one instance the upper lip was drawn so tight as to form a straight line, and with the under lip projecting, his appearance was very undesirable. Whether this was the fault of the operator or the necessity of the case, did not appear. In another man the lip was drawn askew.

March 13th. Chun Fang, son of the tsotang of Shuntih, aged 59 years, was born in Sheihle. In consequence of vice his general health had been affected. He had ulcers upon his head, not affecting the cranium. Eight months previously they had been cured, and blindness supervened. When he came he could see light, but not sufficient to walk without being led. He was encouraged to expect relief from the severe pain he experienced, and that the progress of the disease might be arrested, and possibly his sight improved. There was congestion of the bloodvessels of the eye. One dozen leeches, which in this country are very large, were applied below the eyes. Twenty grains blue pill and one ounce sulph. mag. were prescribed. The leeches afforded immediate relief, and the patient expressed his surprise that he could see to count his fingers. March 16th. The sight remained improved. The leeches had produced a very great tumefaction of the left side and glands of the neck. As he was costive, an ounce of castor oil was administered, and warm fomentations applied to the face, with an opiate at night. March 29. Pulse 126. The right side of the face also affected; the swelling of the left subsided a little. Patient vomited five times last night. Large vesicles formed upon his ears, as if produced by a blister. The almost entire absence of redness did not suggest the erysipelatous nature of the disease. (Another patient who had been operated upon for entropia, and who had been discharged, returned about the same time similarly affected, with an erysipelas of a more aggravated character than I have ever witnessed. Both of these patients scarcely retained the appearance of a human face.) He was very weak, and had great difficulty of breathing, a dry cough, pains in the chest, tongue thickly coated and parched, and his bowels constipated. A decoction of lichen islandicus, gum arabic, and liquorice, was ordered to be used freely. And a gargle of borate of soda, an ounce of salts, and an opiate, and warm pediluvium at bed-time, were prescribed. The patient was to take congee or sago if disposed. March 30th. Decidedly better; bowels had been moved, and the same treatment was continued. March 31st. Patient unable to come. Difficulty of respiration, thirst and debility increased. His extremities were cold, and face smaller—as reported by his servant, a very intelligent man. One ounce of castor oil and a drachm of the oil of turpentine were taken immediately, and gave calomel xii. grains, pulv. ipecac vi. grains, and sugar j. ounce, divided into twelve parts, one of them to be taken hourly, and 30 drops of oil of turpentine every hour, and half a grain of opium every three hours—and two grs. of sul. quin. every two hours. The head was kept wet with a lotion of nit. potas., and the patient allowed to drink freely of the decoction of lichen islandicus, as usual. April 1st. The bowels were moved the last night—the patient has a little appetite—raised considerable sputa, tongue better, and his extremities not so cold. The erysipelas better, and the same treatment continued. April 4th. Not heard from the patient for three days. His servant reported him to be better. The disease had evidently subsided. He still complained of debility and had a diarrhoea. Appetite improved. Decoction of lichen, and lotion of nit. potas. continued, together with

oxymel of scillæ. April 8th. The patient was able to be brought to the hospital, but did not get out of his sedan. A course of tonic treatment was then adopted, first sulphate of quinine, and afterwards the saturated tartrate of iron. His servant occasionally returned to say he was convalescent.

While preparing the report the patient has returned, in his official dress, with presents, &c. He enjoys good health. He said he was to set out for Pekin in two days, and wished for directions respecting his health and sight, in future.

CONTRACTION OF THE COLON.

(Communicated for the Boston Medical and Surgical Journal.)

GEORGE SMITH, ætat. five years, of scrofulous temperament, was attacked on the 15th of January, 1839, with mild symptoms of pneumonia. He was treated with castor oil and other simple remedies for two days. The disease not yielding, I was called to take charge of the case.

Symptoms.—Surface warmer than natural; tongue coated with mucus of a yellowish cast, moist edges; pulse 90 to 95 per minute; respiration slightly hurried and somewhat noisy; cough frequent and dry; urine scanty and high colored. Complained of soreness of the chest while coughing, but no fixed pain. Some uneasiness on pressure in the epigastrium.

Viewing the case as one of a very mild character, I placed my reliance on calomel, antimonials and blistering, in the secondary stages, on different points of the chest. The disease progressed in the same mild manner, gradually yielding under the application of the above named remedies, and on the seventh day of its continuance formed a partial crisis. The bowels being rather confined at this time, it was thought advisable to administer a mild purgative. Castor oil was accordingly given in the morning. Not operating readily, an injection was thrown up the rectum, which produced one discharge of dark foetid matter.

Eighth morning, increased heat of surface; pulse 100 per minute; tongue dry (having been previously nearly clean and moist), and red, particularly at the tip; great thirst and restlessness; cough occasionally; expectoration free. I gave him 15 grs. calomel, 20 grs. pul. jalap, to be repeated in two hours, and followed in one hour by liberal doses of an infusion of rhei and senna, continued hourly until a cathartic operation should be obtained. My venerable and much esteemed friend, Dr. Charles Little, was called as counsel, and concurred with me in the opinion that the pneumonic symptoms were subsiding, and that opening the bowels freely would, in all probability, relieve the present unpleasant symptoms. The above named remedies were continued through the day, with injections every two hours.

9th. Symptoms much the same as yesterday; bowels not moved. 15 grs. calomel, 15 grs. pulv. jalap, to be followed by ol. ricini once in

two hours. Injections of common salt and water every half hour. 12 o'clock, no change, except slight pains in the bowels complained of at considerable intervals. Bowels soft, not distended, and very slightly tender on heavy pressure. Has retained all the medicine and liquids, and at this time is quite free from nausea, pain, singultus, distention, and other symptoms attendant upon obstructions of an ordinary character. Pulse ranging from 100 to 110; great thirst.

On further consultation with Dr. Little, a large epispastic was laid over the bowels; a drachm of spts. of turpentine to be given every two hours; a scruple of proto-chloride of mercury, also once in two hours, and continue injections.

10th, 4 o'clock. The turpentine appearing to nauseate the stomach, it and the calomel were omitted. At this time the symptoms are all aggravated; great thirst; pulse 120 to 130 per minute; tongue dry and red, almost livid; countenance rather sunken, and expressive of suffering, but no distention or pain in the bowels. Blister had filled well. We now resorted to croton oil, giving a drop rubbed up with a little syrup, once in two hours, and continue the injections every hour. Four doses or drops of the croton oil were given him; at evening it was omitted, as he appeared to be sinking. Wine was administered freely, but unavailingly, and he expired 15 minutes before 10 o'clock in the evening.

Post-mortem Examination, twelve hours after Death.—The viscera of the chest healthy; the lungs crepitous throughout their whole extent, and entirely free from adhesions. Stomach healthy; the liver and spleen had also a perfectly healthy appearance. Small intestines appeared quite healthy. The colon, after ascending three inches, became contracted to less than one fourth its ordinary dimensions, with thickening of the outer coats. No redness or marks of inflammation, except about two inches of the colon, where the contraction commenced; the remainder of the ascending colon, transverse arch and sigmoid flexure, were contracted, so as scarcely to admit a crow-quill. There were two small circumscribed dilatations, one near the commencement of the diseased portion, the other in the sigmoid flexure, of the size of a small filbert, containing green mucus. Gall-bladder moderately distended.

ROBERT KELSEY.

Avon, Livingston Co., N. Y., Feb. 3, 1839.

CASE OF FUNGUS HÆMATODES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Cases like the following, though rare, may not be uninteresting to some of the readers of the Journal, and especially to those who may have had an opportunity to witness the destructive progress of this hitherto incurable disease.

Harriet J. Vanarnam, a lovely and interesting little girl, aged six years, was attacked, in the month of March last, with general fever,

pain in the knee and ankle-joints, great tenderness behind the trochanter, with all the common symptoms of an incipient morbus coxarius. Counter-irritation to the hip, together with laxatives and anodynes, had the effect to dissipate this threatening train of symptoms, and in about a week the little patient appeared convalescent.

In this state she was taken into a carriage to ride a short distance, and on returning was again attacked with the same train of symptoms as at first, somewhat aggravated, but all referred to the other leg. The previous course of treatment again produced relief from her suffering, which at times was very great, especially in the knee and ankle joints. She continued in a comparatively comfortable state for about two weeks, with occasional vagrant pains shooting through her limbs, head and joints, when a colorless, slightly elastic tumor began to appear on the side of the lower jaw, midway between the angle and symphysis, attended with no tenderness or pain. Various discutient applications were applied, with no effect. The tumefaction progressively increased. Internally the gums began to swell, the teeth to loosen, and in a few days the latter were easily removed from their sockets. Shortly a fungus was seen sprouting from the sockets, which evidently disclosed the malignant nature of the disease. It grew rapidly, and eventually filled almost the entire cavity of the mouth, pushing the jaws asunder as far as the muscles would permit, discharging a great quantity of thin sanies, accompanied with a most intolerable fetor.

The external tumor increased to an enormous magnitude, quite elastic, and traversed in all directions with numerous large blue veins, drawing her once beautiful features into a most terrific form, and at once presenting the most revolting and heart-rending case of human suffering I ever witnessed. Deglutition at length became very difficult, and at last death put a period to her sufferings, ten weeks from the appearance of the tumor.

I would remark that the sulphate of morphine, in small doses, did much to soothe and mitigate her distress during the progress of the disease.

L. I. MARVIN.

Northville, N. Y., 5th Feb., 1839.

P. S.—Our distinguished professor of Surgery, Dr. March, of Albany, performed the operation of lithotomy successfully on a little boy, 12 years of age, in this village, the past season. The stone weighed five drachms.

L. I. M.

CASE OF EXTIRPATION OF THE PAROTID GLAND.

WE are happy to state that this operation was successfully performed on the 19th of December, by Dr. J. Randolph, in the presence of Drs. Coates, Harris, Norris, J. Rhea Barton, W. E. Horner, and a large audience of physicians and students of medicine. A friend who was present has been so kind as to furnish us with the following account of the case.

Dr. Randolph premised the operation by remarking, that the disease had existed for a year, and that the parotid gland was probably the organ affected, though this point could only be satisfactorily ascertained after the removal of the diseased mass. He stated that the tumor was in a state of rapid increase, which would augment the difficulties of the operation. With regard to the question, as to whether the parotid gland had ever been removed successfully, he gave as his opinion that it was an operation which had been frequently performed, not only in Europe, but in this country, and proceeded to mention the names of a number of surgeons who had reported cases. He stated that for a long time he had thought that a scirrhus, or indurated parotid gland, could be more readily removed than when in a healthy state, and mentioned that Dr. N. R. Smith coincided with him in this opinion.

In performing the operation, as the left parotid was the one affected, the head was inclined to the right side, and an incision made from the zygoma down to the edge of the sterno-cleido mastoid muscle, a second one at right angles to this, and the flaps dissected up. The facial artery was then secured, and an attempt was made to raise the lower edge of the tumor and secure the external carotid where it enters the gland; this was found, however, to be attended with so much difficulty, in consequence of the close adhesions, that it was determined to dissect it from its attachments from above downwards; in doing this it became necessary to secure the temporal and internal maxillary arteries, besides several others of smaller size; the carotid was cut in dividing the last adhesions of the tumor, and instantly secured by means of Dr. Physick's needle and forceps. The external jugular vein was cut and secured at each end. The periosteum covering the angle of the jaw was absorbed, and the adhesion to the masseter muscle was so strong that part of it was removed with the tumor.

The operation lasted 59 minutes; but little blood was lost, and the patient bore it remarkably well.

After a careful examination of the parts, Dr. Randolph stated to the class that it was the unanimous opinion of the surgeons and anatomists present, that the *parotid gland was completely extirpated*. The ligatures have all, except one on a small vessel, come away; the cavity is filled with healthy granulations, and the patient's general symptoms are perfectly favorable.—Jan. 15, 1839.—*Am. Jour. of Med. Sciences*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 20, 1839.

OUTLINES OF THE INSTITUTES OF MEDICINE.

REFERENCE was made, last week, to the publication of this beautiful, and, we believe, very valuable and learned production, by Dr. Gallup, late President of the Medical Society of Vermont. The author has founded his remarks on the broad basis of the philosophy of the human economy,

in health and disease, and discussed each subject recognized in the field of observation, with that logical exactness and freedom which characterize the researches of an original thinker. It is a book that is not destined to be thrown upon the shelf after the title page has been read, to repose under the accumulating dust of the age. Its high claims to consideration must be admitted at the outset, and the principles developed and the philosophy which it inculcates will exercise the minds of professional men, we apprehend, more than any native system of theoretical or practical medicine which has appeared in this country. It is to be hoped there will be no sectional feelings operating against its intrinsic merits. Let it be read with candor, and justly weighed in the balance. It is possible that some may cavil at the style, or complain of the mechanism of expression, as being hard English. There is a singularity in the structure of the sentences, which are recognized as being peculiar—and yet, on a careful analysis, the elegance and not the deformity of language constitutes their deviation from common every-day writings. In the next place, the author recollected, at the commencement, that “order is Heaven’s first law.” He is as methodical in the arrangement of his various topics, as the veriest stickler for natural divisions and sub-divisions could desire, and every line carries with it the evidence of profound investigation. This is but the beginning of our notices of this very acceptable and meritorious performance.

Removal of the Jaw.—Dr. Gage, of New York, on reading the account of Dr. Baxley’s operation, at Baltimore, represented to have been without a parallel in the annals of American surgery, addressed the following communication to the Commercial Advertiser, which we have copied in detail, with a view to stating the final issue of the case to which Dr. Gage has called the public attention.

“*New York, January 25, 1839.*

“I noticed in your valuable paper of this day, an article, copied from the Baltimore American, respecting the removal of one half the lower jaw on account of an osteo-sarcomatous tumor, and likewise a statement from Cooper’s Surgical Dictionary, that this operation had not been performed in Europe or America, except by the distinguished Dr. Mott, of New York, and Dr. Cusack, of Dublin. That credit may be given where it is due, I would beg to state, that the same operation, and for the same disease, was performed in the presence of the medical class in the Berkshire Medical Institution, I think in October of the year 1826, by J. P. Bachelder, Professor of Surgery in that institution, assisted by Drs. J. V. C. Smith and H. H. Childs. The operation was completely successful, and the patient was seen by me walking about the streets on the fourteenth day after it. He was a farmer, about forty-five years of age, and the tumor had been two years in forming. In this case the operation was commenced in a manner somewhat different from that in Dr. Baxley’s case. One of the lower incisor teeth was first removed, the external carotid artery of the right side was then laid bare and tied; then an incision was made on the mesial line of the lower jaw, commencing opposite the alveolar process, so as not to divide the lip, and continued down to the lower edge of the jaw. Another incision was then made, in a direction somewhat curved downward from the condyloid process of the jaw, in front of the ear, and continued to the first incision on the chin. The operation was completed by

dissecting out the right half of the jaw, as in Dr. Baxley's case. The tumor completely surrounded the jaw, and was about two and a half inches in length and nearly the same in diameter. The last time I saw the patient, which was on the fourteenth day after the operation, I think, the wound was perfectly healed, and the countenance was but slightly disfigured. He appeared to masticate very conveniently, and gave us students a specimen of his powers in that way upon a hard Boston cracker.

Very respectfully, your obedient servant,

THOMAS E. GAGE, M.D., 3 Park Place."

After the patient on whom Dr. Bachelder operated, had been home some months, the disease was again manifested, and in a more formidable manner than before. In the operation, a portion only of the under jaw was removed, between the chin and angle; but an enlargement of the bone, towards the angle, was soon after discovered, which grew so exceedingly fast that it greatly alarmed the unfortunate patient. Being a man of firmness, he submitted to a second trial of skill. We were present, and have a distinct recollection of all the circumstances. In the presence of a large number of persons, on a beautifully pleasant morning, under the shade of a wide-spreading tree, in the town of Greenfield, Mass., Dr. B. made a new incision, and a fearful wound it was. The jaw was detached from its muscular attachments, unlocked at the joint, and the whole of one half taken away. This was fairly circumscribing the malady, and the poor sufferer speedily recovered. Notwithstanding the loss of half his jaw, there was not a very striking deformity, nor was the power of manducation essentially impaired.

Death of a Child from Laudanum.—From the coroner's report, February 7th, at New York, we learn that the death of Sarah Lecount, aged three months, was produced thus: The mother had been in the habit, nightly, of giving to the deceased infant and her twin sister, a teaspoonful of paregoric each, to prevent them from disturbing her in the night, "as they were very fretful." Having given a dose to one, and none being left for the other, the undutiful mother sent her son to an apothecary's for a fresh supply. When it came, she gave the usual dose, but the child appearing strangely, and having spasms, she examined the article and found she had given laudanum instead of paregoric. Away went the father to the clerk of the apothecary, who gave him five grains of the tartrate of antimony, which he was directed to dissolve in warm water and give the child a teaspoonful every minute. But the poor sufferer only grew worse. The father again went to the shop, and the clerk gave him a "*quantity of tartrate of antimony and sulphate of zinc together,*" supposed to be in the proportion of about two grains of the tartrate to one of zinc, to be given like the former doses. Dr. Knight was then sent for. Next morning the child died. Now it is a question which of the articles killed the child—either one of them being sufficiently potent to have done it. The mother should have been held accountable to the law for such a violation of her maternal duties. And so should any woman, who, either in the character of a nurse, or the more tender and responsible relationship of mother, endangers the health of body and mind in a child by the administration of any preparation of opium. It is deeply to be deplored that there is not a heavy penalty imposed upon apothecaries who presume

to sell that powerful drug to persons in any condition of life, without a prescription from a regular medical practitioner.

Condition of the Insane Poor.—An effort is making in Pennsylvania, to devise suitable provision for that neglected class of human beings, the insane poor, in that great and enterprising State. Dr. Dunglison was chairman of a committee which has sent forth an appeal to the people. The document is presumed to have been written by the chairman, which does honor to his heart. It carries in it a powerful and irresistibly convincing testimony, that something should be done immediately. Are arguments necessary to hasten a work of benevolence? If some general plan is not soon adopted for the comfortable accommodation of the insane poor of Pennsylvania, we shall at once conclude that the present generation has not kept pace with the progress of humanity in the more frigid regions of the north.

Worcester Insane Hospital.—From the Hon. H. Mann, one of the trustees, we acknowledge the receipt of a copy of the sixth annual report of that excellent institution, the Worcester Insane Hospital. Dr. Woodward's observations are entitled to a very careful perusal. There is a completeness and finish to all his medico-legal reports, which are scarcely ever found in documents emanating from such establishments in Europe.

Geneva Medical College.—The annual commencement was held on the 22d ult. Dr. Hale, president of the institution, gave an excellent address. A gold medal was awarded to A. L. Saunders for the best thesis on the *influence of the mind on the body*. Dr. C. B. Coventry, dean of the faculty, delivered a parting charge to the graduates, on professional duties. Dr. Elisha Doubleday, of Yates Co., N. Y.; Dr. J. C. Beales, of New York, and Dr. William C. Chase, of Upper Canada, received honorary degrees of medicine.

Smallpox.—Such is the neglect of the public authorities in the city of Buffalo, New York, with regard to vaccination, that it is said the smallpox extensively prevails there. Nearly every death, by that awful scourge, is through the neglect of those who have charge of the public health. Birds that will not sing, says the proverb, must be made to sing: and people that will not be vaccinated, voluntarily, must be compelled to submit to that simple, life-preserving process.

Progress of Phrenology.—No. 5 of the new Philadelphia Journal has been promptly delivered. It is really an excellent publication, with which we could not well dispense. It keeps constantly improving in the character of its materials—a property not always characteristic of all the periodicals abroad. Mr. Combe's paper on the size of Sir Walter Scott's brain, is from high authority. Mr. O. S. Fowler, a well-known operative phrenologist, has an article on *monomania*. There is no man living, we apprehend, who can more accurately display the whole intellectual condition of an individual's head—feelings, propensities, good, bad or indifferent—than that gentleman. Success to the American Phrenological Journal.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. January.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Min.	2, P.M.	Max.	Min.	2, P.M.	Max.			
1 Tues.	-6								
2 Wed.									
3 Thurs.								Cloudy	
4 Frid.	29	37	34	29.73	29.67	29.67	N E	Stormy	Four inches of snow fell.
5 Satur.	27	34	31	29.70	29.83	29.73	N W	Clear	Afternoon, very pleasant.
6 Sun.*	24	34	32	29.80	29.83	29.82	N W	Clear	Evening, hazy.
7 Mon.	27	33	36	29.56	29.31	29.20	S W	Cloudy	Evening, hard rain.
8 Tues.	37	36	32	28.97	29.22	29.33	N W	Variable	
9 Wed.	18	30	22	29.65	29.65	29.70	N W	Clear	Weather variable, thaw.
10 Thurs.	35	42	41	29.45	29.36	29.33	S	Clear	Afternoon, very pleasant.
11 Frid.	38	49	47	29.39	29.50	29.49	S W	Clear	Very pleasant day.
12 Satur.	40	47	48	29.31	29.18	29.18	S W	Clear	Afternoon, very pleasant.
13 Sun.	27	32	32	29.59	29.60	29.59	N W	Clear	Evening, cloudy.
14 Mon.	33	32	27	29.40	29.44	29.44	N W	Cloudy	Evening, brilliant aurora borealis.
15 Tues.	12	20	19	29.50	29.47	29.45	N	Hazy	Evening, dark cloud in S.; otherwise
16 Wed.	14	30	32	29.41	29.45	29.45	N	Clear	Very pleasant day. [clear.]
17 Thurs.	22	39	38	29.54	29.61	29.62	E	Clear	Evening, dark cloud in S.; otherwise
18 Frid.	32	43	42	29.55	29.51	29.51	S	Clear	Very pleasant day. [clear.]
19 Satur.	32	41	33	29.24	29.15	29.12	W	Clear	Evening, weather changed, very cold.
20 Sun.	4	17	22	29.35	29.36	29.30	W	Hazy	Sun set in a cloud.
21 Mon.	22	28	26	29.14	29.11	29.12	N W	Cloudy	Squally, rather than stormy.
22 Tues.	5	18	17	29.17	29.02	28.96	S W	Cloudy	Evening, 2 inches of snow had fallen.
23 Wed.	26	13	2	28.70	28.80	28.96	N W	Snow squalls	Even. very cold, Therm. 7° below 0.
24 Thurs.	-8	12	11	29.40	29.49	29.50	N W	Hazy	Evening, very pleasant.
25 Frid.	13	34	37	29.58	29.60	29.59	S	Hazy	
26 Satur.	44	50	48	29.27	28.89	28.63	S E	Great rain	Thaw, high wind, Bar. fell to 28.26.
27 Sun.	31	32	26	28.58	28.67	28.72	S	Flying clouds	
28 Mon.	9	20	16	28.64	28.60	28.64	N W	Cloudy	Even. high wind, severe snow squall.
29 Tues.	17	28	26	28.80	28.90	28.98	N W	Clear	Pleasant day.
30 Wed.	20	30	37	29.10	29.10	29.13	W	Light snow	
31 Thurs.	16	27	23	29.33	29.39	29.44	N W	Clear	Brilliant halo around the moon.

The month has been pleasant, mild and favorable. The extremes of temperature have been 8° below zero, and 50° above. Extremes of barometer have been 29.90, and 28.26. Little snow has fallen. One severe rain, attended by high wind; did little damage in this vicinity, but much in Philadelphia, New York, and to bridges and buildings in every direction.

* On the Sabbath the observations are at 1 o'clock, instead of 2 o'clock.

Medical Miscellany.—Drs. Cutler and Dix, of Boston, have sailed for Europe.—A hog was slaughtered near Raleigh, a short time since, which had two hearts.—Dr. Miller, of Providence, R. I., assisted by medical gentlemen of that city, has successfully performed a very critical operation on a young man, in taking a large tumor from the perineum. On Monday, February 11th, Dr. Miller performed two interesting operations. One was for stone, at North Brookfield, Ms., and the other for a diseased testis, at West Brookfield.—A young physician may hear of a good opening, by applying soon to Dr. B. Haskell, South Boston.—In a neighboring town, a week or two since, the breech-pin of a gun was forced, by an explosion and bursting of the barrel, into the orbit of a man's eye, destroying the organ, and finally lodged under the nose over the bones of the palate, from whence it has been finally extracted.—No. 21 of the second volume of the American Medical Library, exhibits the same care and nice discrimination in the choice of works for republication, which distinguished the work in the first volume. Dr. Bell's Journal, published in the same city, is no less acceptable to the reader, and equally deserving of extensive patronage.—If any of our subscribers are acquainted with the Danish language, it will greatly oblige us to have a translation of various recent publications on medicine and surgery, just received from Copenhagen. To us the contents are a sealed book.—Scarlet fever is represented to be very fatal in Romney county, Va.—The medical lectures have closed for the season, at the Mason-street College, in Boston. Eleven young gentlemen were admitted to the degree of M.D.

Whole number of deaths in Boston for the week ending February 16, 36. Males, 12—females, 24.

Of consumption, 4—marasmus, 2—infantile, 3—scald, 1—scarlet fever, 6—lung fever, 3—dropsy on the brain, 1—disease of the heart, 2—rheumatism, 1—palsy, 1—intemperance, 1—inflammation of the lungs, 1—decline, 1—croup, 2—cancer, 1—dropsy, 1—stillborn, 2.

AUBURN MEDICAL SCHOOL.

Drs. F. H. HAMILTON and OWEN MUNSON, being associated in the practice of medicine and surgery, will commence their course of private instruction on the 1st of March, 1839.

A series of lectures on Surgery and Surgical Anatomy, will be given by Dr. Hamilton, continuing six months from the first of March: two lectures per week. All the principal operations in surgery will be performed in the presence of the class.

The students will also be daily instructed and examined in the other branches of medical science.

Terms—\$24 per year; payable half yearly, in advance.

Feb. 20—tM1

VERMONT MEDICAL COLLEGE.

The annual course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
General and Special Anatomy and Physiology, by	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by	DAVID PALMER, M.D.
Medical Jurisprudence, by	NORMAN WILLIAMS, A.M.

Fees for the course—\$50. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in the village on reasonable terms. By order of the Board of Trustees, N. WILLIAMS, Secretary.

Woodstock, Vt., Feb. 5, 1839.

Feb. 20—St

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply

WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, FEBRUARY 27, 1839.

No. 3.

ANATOMICAL DISCOVERY—THE LIGAMENTUM DENTIS.

[WITH A LITHOGRAPHIC PLATE.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have been somewhat inclined to address you on this matter of the *new ligament*, before this, as it has made much stir in Philadelphia for these three or four months past; yet on reflection I could not but view it as of too ridiculous a character to deserve serious comment in a scientific journal. But I have been in error: and the subject has been publicly introduced in the American Journal of Medical Science, by a very respectable teacher of anatomy—Dr. P. Goddard, of Philadelphia. It is, therefore, now a subject not to be passed over in silence, by those who are seeking for truth, and who are willing that the whole truth, and nothing but the truth, should be told.

While on a visit to Philadelphia, in October, I heard much of the skill of a certain dentist—a Mr. Caldwell—who extracted teeth without giving pain, or causing so little that it was not worth considering; that he removed them from the jaw with much less effort than is usually requisite—commonly with his fingers, using no instrument but a lancet or penknife to *loosen the tooth*, which he did by cutting a previously unknown *ligament* that he had discovered, and which he declared to be the main bond of attachment between the teeth and jaw, and the principal obstruction to their removal from their bony sockets.

I treated the matter as one of the thousand that are devised to gull the public, who are generally ignorant of the truth in regard to such things. I found myself, however, so much opposed by several friends who had heard of the dentist and his discovery, and who stated many cases which had been related to them of facts, that I was determined to see Mr. Caldwell, and be informed from the only source whence I could expect to be fully satisfied.

I saw Mr. C., and after spending about an hour with him, endeavoring to get definite answers to my questions, which were mostly replied to by asking me others, or reading to me portions of manuscript which he had written on the subject, but which appeared to me to have no bearing on the question of the ligament, I was obliged to leave him with much the same impression that I had entertained previous to my call.

Although Mr. C. received me with great civility, and allowed me to ask any question that I wished, he was apparently unwilling to answer

them till he had stated the views of several writers with regard to the articulations of the teeth, and the anatomy of the parts connected with them, and requested to know my views concerning certain conflicting opinions. This seemed to me to be done for the purpose of discovering whether he was dealing with one who had any definite or exact knowledge on the subject; for, as we approached it more nearly, and I had obtained all the explanation I was likely to get, and said to him, "then it seems you have not any new organ or part to demonstrate which has not been known to us before, and described by those who have written on the subject, and the parts which we call fibrous membrane and gum, or periosteum and gum, you call ligament"—his reply was something like this: "Why, sir, you know the names of parts depend on the fancy of those who give them." This appeared to me like grasping at a more slender hold, and very much like what is vulgarly called backing out. Our conversation ended here, but as I was leaving the room, Mr. C. said, the part which I call the ligament is situated between the teeth, only, and it is there that I cut to loosen the one which I wish to extract.

Since this my attention has been directed to the article of Dr. Goddard, above mentioned. On reading it, I could not but feel surprised at the result of Dr. G.'s researches, if he was at all acquainted previously with the minute anatomy of the parts under consideration, and with the situation of the teeth in the different stages of their formation and development. And since Dr. G. thinks he has discovered *the ligament*, I am sorry he did not think his communication worthy of a plate which would in some degree serve as an illustration, rather than send it out with a diminutive wood engraving, perfectly indefinite in its delineation in the points which should relate to his discovery.

On the ground of a long and intimate acquaintance with the anatomy of the teeth, and of recent examinations of them with a view to furnish the remarks which I am now about to make for your Journal, I am prepared to say, that there is nothing about the teeth, their bony sockets and surrounding gum, which deserves the name of *ligament*. That there is no part of the soft structure which surrounds the teeth above the edges of the alveoli (call it by what name you will), which serves to confine them in any remarkable manner in the jaw, or which prevents, in any perceptible degree, their being detached from their firm articulation with the sockets, in the case of an attempt to extract them. That this firm articulation of a tooth with its socket, and the corresponding resistance which is presented when we endeavor to dislocate it, depend, therefore, entirely on the intimate connection of the fang with the socket, by means of a strong intervening membrane, commonly called periosteum, on the form of the fang and socket, and on the thickness and density of the bony sides of the socket. [See plate, fig. 1, *a*.] And the part which is introduced as the *new ligament*, is nothing more than that portion of the gum which covers the transverse processes of the alveoli, united with the fibres of the periosteum above mentioned, and those of the partially absorbed capsular membrane which envelops the crown of the tooth during its formation and until it passes through the

gum, all of which are united in a line about the neck of the tooth, immediately above the edge of the socket. [See plate, fig. 2, c, and fig. 3, c.] And this is no more than has been known for a century, at least, and may be learned from the works of Hunter, Blake, Bourdet, Fox, Thos. Bell, A. Serres, and many others.

There is, indeed, in some of the domestic animals, as the cow, sheep, hog, &c., much less of the appearance of bone about the sockets of the *front* teeth, than is found about those of man, the sockets of the former being composed more of a texture resembling a tough cartilage; yet in these the fangs of the teeth are secured entirely by the intervention of the same fibrous membrane—the periosteum.

Between the human teeth, in the mature state of either the infant or adult set, there is not room for the attachment of any ligamentous structure of sufficient magnitude or power to be of any importance in securing the teeth in their sockets, as may be seen by examining the jaw at the age of three years, or of twenty-five years. [See plate, fig. 1.] And all that can be found in the place said to be occupied by the *new ligament*, can be as clearly demonstrated to belong to one tooth as to the other, yet more justly, to both; and in proportion to the thickness of the gum, as much ligament can be shown on the sides of the teeth which correspond to the outer or inner arch of the jaw, as on the sides which are in apposition, notwithstanding we are informed that the *newly discovered ligament* is situated only *between* the teeth, and is attached to but one side—the *back*—of the next tooth. In a word, the *dental ligament* has been brought up by a change of name, instead of a real discovery of any new part, organ or texture.*

But further—admitting it to exist—you would ask, what of its practical bearing in the operation of extracting the teeth? From a full and fair examination on this point, by numerous operations, I am ready to answer, that there is no perceptible difference in the looseness of a tooth, after all the soft parts have been thoroughly severed from it, be they ligament or what you please, and before the knife or lancet has touched them; provided the bony socket and membrane are in a perfect state, or under that degree of inflammation only in which they are found previous to ulceration. If, indeed, the surrounding bone is nearly or entirely absorbed, the gum and periosteum of the fangs much inflamed and thickened, as is sometimes the case when, through fear of an operation, the patient has kept a diseased tooth for months or years, the division of these soft parts will remove all obstruction, and the tooth may be lifted away with the thumb and finger. But these cases are not very common, and have nothing to do with our question.

With regard to the pain produced in the different modes of operating, any man who is in the daily practice of extracting teeth may very soon satisfy himself that cutting round them, as a general practice, is merely inflicting needless suffering; for the use of the most improved

* In this opinion I have been confirmed not only by the investigation which I have made of the whole matter by myself, but by witnessing the result of various dissections and experiments made by a committee of physicians—*anatomists*—of this city, appointed by an association for the purpose, who had with much labor and ingenuity displayed the structure of the parts in question, in the jaws of man and various domestic animals.

forceps, without cutting at all, will give less, and the tooth is thus removed by one operation instead of two, with perfect safety and more despatch. The forceps are now in very general use, and when they are accurately made to fit the teeth, and skilfully applied, they give so much less pain than the German key in any of its varied forms, that there is no longer any reasonable apology for the dentist who does not abandon the use of this instrument entirely. In the dextrous use of the forceps, therefore, I conceive, if in anything, consists the excellence of Mr. Caldwell's operations, and not in his peculiar "tack in severing the ligament," as is supposed by his friend Dr. Goddard. And I have no doubt that if Mr. C. will lay aside his lancet, and defy the strength of the *ligament*, he will give more satisfaction and less suffering to his patients than he now does.

I beg your patience while I state a few brief questions, and I will trouble you no longer on this matter.

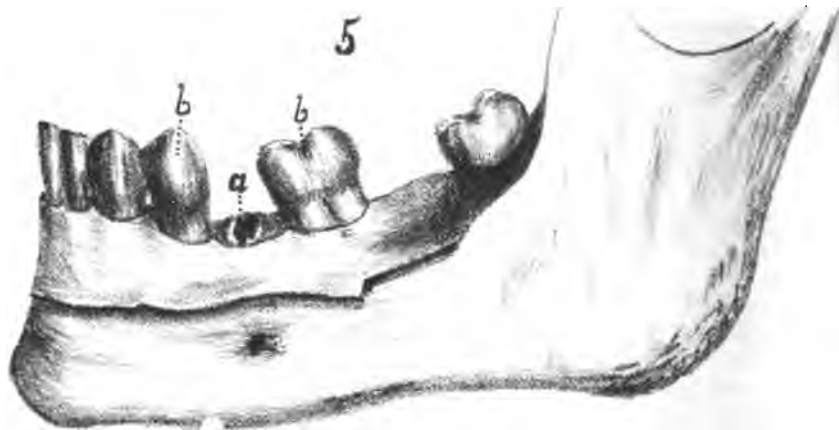
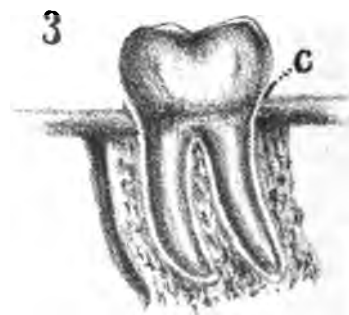
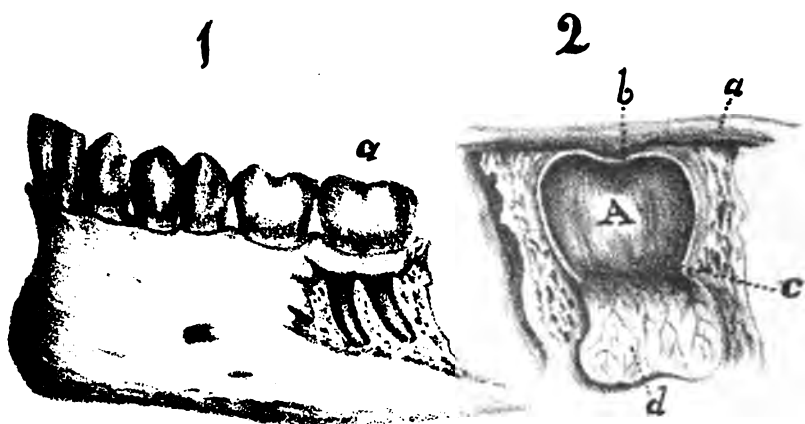
If there is a ligament of such strength and importance confining the teeth in the manner which the discoverers would represent, why does a tooth require the same apparent effort to dislocate it, after all the soft parts connected with it have been severed to the bone, as it would before this had been done?

To what is the *ligament* attached when the edge of the alveolus is absorbed, removing thereby the point of its origin, and leaving the neck of the tooth—the part into which we are told it is so strongly inserted—standing denuded the eighth of an inch or more above the gum, as shown in the plate? [Fig. 5, *b b*.] And why does this tooth stand firm under such circumstances, and require about as much force to remove it, and give as much pain in the operation, as if the bone and the *new ligament* were in their natural and perfect state, but because it is wholly supported and retained by the strong articular membrane—the periotem of the fang and its socket?

When a tooth has been fractured or has decayed below the edge of the socket, why is it as firmly retained as when its crown and neck were perfect? There is no *ligament* here. Why does it give as much pain to extract it as if it were whole? The ligament in this case has been severed. [See plate, fig. 5, *a*.]

What holds the fang of a tooth so firmly to a portion of the outer plate of the socket, which has been drawn away with it by the use of the old key-instrument. Is it the ligament? No, that has not been discovered on this side of the tooth—yet the adhesion of these parts is so great that it will commonly require the aid of some steel instrument to separate them. [See plate, fig. 4.]

If the firmness with which the teeth are fixed to the jaw does not depend, as I have already stated, on the thickness and density of the bone, the form of the fang and socket, and the intimate attachment of the articular membrane; how does it happen, when this membrane becomes inflamed and thickened, and its vascular tissue weakened, that the tooth is loosened and lifted somewhat from its berth, and may be extracted with much less force than when the parts were in a healthy state? And why is it found, as this disease increases and the union be-



tween the periosteum and fang is, perhaps, partially destroyed, that the tooth is nearly ready to drop out, or may be taken away with the slightest effort? The *ligament* is not destroyed. It has hardly begun to share in the disease of the parts; for every practitioner in dentistry, of any observation, knows that the inflammation of the periosteum commences at the extremity of the fang and extends towards the crown of the tooth.

These are questions, involving truths, the knowledge of which every dentist of much experience must possess. Perhaps the discoverers of the *new ligament* can solve them.

Yours, &c.

31 Winter Street, Boston, Feb. 21, 1839.

J. F. FLAGG.

REFERENCES TO THE PLATE.

Fig. 1.—A portion of the under jaw, showing the manner in which the edges of the sockets embrace the necks of the teeth, when both are in their perfect state. *a*, Indicates the fangs of a molar tooth, showing their most common form and connection with the bone—the outer plate of the socket being removed.

Fig. 2.—An enlarged drawing of a molar tooth while beneath the gum, before the fangs are formed. *A*, The crown of the tooth perfect. *a*, The gum. *b*, The white line representing the capsular membrane. At this point it is attached to the gum, and is absorbed while the tooth is rising to the situation shown in figure 3. *c*, The neck of the tooth, to which this membrane firmly adheres. *d*, One side of the membrane, which has been cut away and turned down.

Fig. 3.—An enlarged drawing to represent the same tooth shown in figure 2, after it has risen to its place above the gum, and the fangs have been perfectly formed. *c*, Indicates the white line representing the investing or capsular membrane of the fangs, and which becomes the periosteum or articular membrane when the tooth is fully grown, and remains united with the gum at *c*.

Fig. 4.—Teeth with portions of the bone or socket adhering, showing the common effect of using the German key to extract them, or of some violence or mal-adroitness in the operation.

Fig. 5.—The left side of an under jaw, with part of the teeth and gum remaining, to show how the sockets are absorbed, and the gum retracted about some of the teeth after others have been extracted, fractured or decayed next to them. *a*, The root of the second *bicipis* broken below the edge of the perfect socket. *b b*, Teeth, the fangs of which are exposed, by the wasting of the socket, below the part to which the *new ligament* is said to be so firmly fixed.

CASE OF ANEURISM BY ANASTOMOSIS CURED BY TYING THE PRIMITIVE CAROTID.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In presenting this case to the publishers of your valuable and interesting Journal, I am unwilling to leave the impression that the mere

operation of tying the carotid artery successfully, is thought to be of sufficient importance to lumber up your pages. The practicability of the operation is too well established to require confirmation, and its *novelty* has passed away with its frequent repetition. I present it merely because the object for which it was resorted to has been secured, viz., a complete cure of the aneurism. Such a result does not often follow; indeed, so little good has been gained by it, in a large majority of cases, that its entire abandonment has been recommended. When the aneurismal sac can be perfectly commanded, as when situated on the vertex, side of the head, &c., perhaps it would be best to commence the attack, at once, upon the tumor; but when it is otherwise, when it cannot be safely *entrenched* by the scalpel and ligature, there can then be no doubt as to the expediency of tying the carotid. If it succeeds—well; if not, there is no harm done.

March 12, 1835, Mrs. Rolls, aged twenty-three years, the wife of a soldier in the U. S. service, stationed at Fort Preble, in the sixth month of utero-gestation, and the mother of two children, had a pulsating tumor, extending from just above the angle of the left lower jaw, passing upwards, behind and nearly an inch above the ear. Its lateral diameter—i. e., from the ear backwards—was rather more than an inch. She discovered it two years before, immediately after a *severe attack of scolding*. It had increased very much within the last two or three months. Complains of thundering and throbbing in the left ear, with deep-seated pain and throbbing in the left orbit. In all other respects her health was perfect.

Assisted by Drs. Barrett and Merrill, of this city, I tied the primitive carotid artery just above the point where it is crossed by the omo hyoideus muscle, with a flaxen ligature. The tumor immediately disappeared, together with all pulsation and throbbing in the ear and eye. She complained of pain just under the ear. Dressed the wound by stitch, adhesive straps, lint and handkerchief. Made pressure upon the site of the aneurism by compress and bandage, which was continued while she was under my care. Ordered neutral salts at bed-time; diet, gruel.

13. Has had but little rest; head aches; vomited several times in the night. The pain was confined to the left side of the head in the night, but it is now over the eyes. Tongue a little furred; bowels had moved; pulse hard and small; no pain in the neck. Vs. f3xvi. This afforded perfect relief. Ordered an infusion of rhubarb, with carb. soda and anise seed, to be taken in small quantities. Take a few drops of laudanum in case of much gastric disturbance, and an injection of starch in the evening.

14. Very comfortable. Slept six hours last night; impatient for something to eat. Neck stiff and sore, but has been entirely free from pain since bleeding. Keep still and continue water gruel.

15. No pain; pulse 90, small; tongue a little furred, but has some appetite; complains of weakness; bowels moved yesterday. Was comfortable till last evening, when, after eating a roasted apple, she became very sick, with intolerable pain the head, and numbness of the

tongue, all which symptoms subsided as soon as she ejected the apple. After this, slept well. Continue gruel, and tr. opii if needed.

16. Complains of vertigo; appetite poor; pulse 70. Took six drops tr. opii last evening. Continue gruel, and tr. opii if necessary.

17. Vertigo continues; feels weak; wound nearly healed. Temperature of the left cheek we judged to be ten degrees lower than that of the right.

20. Vertigo diminished; pulse 75; appears to be doing perfectly well.

25. Feels quite well, only a little weak. Has had severe pain in the head for a short time; thinks it was occasioned by inanition. Three days ago felt a throbbing in the ear for a short time. Allowed a little animal food at noon. Tea and dry toast morning and evening.

April 1. Ligature retained; soreness above it, and surrounded by fungous granulations. Applied caustic. On examining the site of the tumor, felt slight pulsation. Feel fearful the operation will be useless.

4. Now quite well, but says she has had one or two attacks of throbbing in the ear and eye.

12. Ligature came away this morning. She appears well; has had no pain or throbbing since the 4th. The aneurismal tumor is scarcely perceptible, and all pulsation has ceased. Thus far the operation appears to be successful, notwithstanding the unpropitious circumstances observed on the 1st and 4th.

The above is transcribed from my *Memoria Medica*. I lost sight of her from that time, she having followed her husband to another military station. I have never heard from her since, till a few weeks ago, when I met a gentleman of considerable intelligence, from Florida, who knew her there as well as here, and says she had never felt a symptom of the aneurism up to the time of his leaving the station in the summer of 1838.

You will have my entire approbation to dispose of this just as you please. If it is not thought worthy of a place in your Journal, you are entirely at liberty to consign it to the tomb of the Capulets.

With much respect,

Portland, Me., Feb. 16, 1839.

J. W. MIGHELS.

ABSCESSES IN THE THORAX, &c.

[Communicated for the Boston Medical and Surgical Journal.]

THE opening of abscesses deeply seated in the viscera of the thorax, abdomen, &c., particularly when seated in the substance of the liver, lungs, &c. (and likewise the opening of tumors situated over large arteries, when it cannot be certainly determined whether these tumors are aneurisms or not), are very important and hazardous operations. We are sometimes urged, and even pressed, by the patient or his friends, to perform the above operations, and that when the existence of matter cannot be clearly ascertained; and the result, of course, must be doubtful in such cases, which indeed are but few. We should be very careful to remind the patient and his friends that we must expect sometimes to be disappointed; but after all our precaution, it is very unpleasant to

the operator, the patient, and his friends, to perform a useless operation. No prudent surgeon would urge such an operation, nor would he operate on his own responsibility; he should always request a full council.

Yet there are cases in which we may be certain of the existence of matter in the lungs or cavity of the thorax; but when we have made the incision, no matter is discharged. In such cases we may have told the patient and his friends that the matter laid much deeper than we expected. On examination, before the operation, by laying the hand on the side, when the patient coughed we could plainly feel the matter dash against the ribs—we could likewise hear it, as we supposed; and we expected to have found the matter in immediate contact with the ribs, or very near—but we have now found that the matter is in the substance of the lungs, and to thrust a cutting instrument deep into the lungs might be immediately fatal. Yet we should hope that by keeping the wound open by a tent, the matter would eventually be discharged by the opening; and this has, in several instances, been the case, though in other cases the patient has suddenly died from suffocation in consequence of the abscess bursting into the bronchia; and in other cases the patient has sunk under the disease before the matter found its way to the opening, which has often put the operation in a bad light. The friends of the patient have been disappointed, and have in some instances supposed that the operation had shortened his days, or even might have been the occasion of his death. At least, such operations do not add much to the credit of the surgeon, and are always unsatisfactory to the friends of the patient, and, what is of much more importance, there is strong reason to believe that could such abscesses be opened at a proper time and manner, the patient's life might often be preserved.

In the course of more than thirty years' practice, I have seen many cases of the above description, and have been much perplexed in their treatment. Though in general I could satisfy myself as to the existence of matter, to know its exact situation was difficult. Yet this may in general be pretty nearly ascertained; but to discharge a deep-seated abscess of the lungs or liver, is at least a difficult operation. In all the operations in which I have been concerned, in the before-named cases, there has been an adhesion of the lungs to the pleura, and of the liver to the peritoneum. In failure of this, the operation would be attended with much more hazard, and recovery be more doubtful. In one case of which I had knowledge, where an opening was made into the cavity of the thorax, and where the pleura did not adhere to the lungs, respiration was suspended for a short time. As the air is admitted by the opening to one side of the thorax only, were we sure that the lung on the other side was completely sound, the risk in general would not be great; but in such cases as we are usually called to operate on, it is often found that neither of the lungs is entirely sound; besides, abscesses of the lungs are often complicated with dropsy of the chest, lesion of the heart, &c.

I would, for these reasons, recommend, before the operation, a careful inquiry as regards the above particulars, and to ascertain as near as pos-

sible whether there is adhesion of the lung which we are about to operate on, to the side ; whether there is reason to expect that the other lung is capable of supporting respiration, and sufficiently sound to support the circulation, oxygenation, &c., of the blood ; whether there is dropsy of the chest, heart, or lungs. After the most careful inquiry, should there be no important objection from any of the preceding circumstances, we may consent to operate, and possibly hold out to the patient some prospect of a final recovery, and considerable hope, at least, of an alleviation of his sufferings. After making an incision into the cavity of the thorax, should there be adhesion of the lung to the pleura, the lung may be penetrated a short distance by a small trocar covered with a canula ; or a silver tube with a steel stilet, say one sixteenth of an inch in diameter, may be carefully passed into the substance of the lung, a very short distance, say half an inch ; and should you have reached the cavity of the abscess, by frequently withdrawing the stilet, while you still retain the canula within the cavity of the abscess, you will find a little matter adhering to it.* But when I have not, by this method, been able to reach the cavity of the abscess, I have succeeded in the following manner, viz. I take a common silver probe, say six inches in length, with a small round point like a ball, which should be very smooth, and somewhat larger in diameter than the probe. This instrument I choose because it will not readily enter the coats of an artery or vein, when gently and cautiously introduced. This I gradually introduce by very moderate and cautious pressure, gently rolling it, by which means the vessels will yield to one side or the other, and the probe pass on without injury. When the probe has penetrated to the walls of the abscess, we may expect more resistance than in any other part of its course ; but by gentle pressure—for none other should be ever used—and rolling the probe from side to side, it will, doubtless, penetrate. When this is effected, it will be known by its passing without resistance. I now take a small director, of the usual length, and gently introduce it into the cavity of the abscess, by means of the probe which I still retain in its situation in the cavity of the abscess. Now, by holding the probe firm with one hand, while I take the director in the other, I gradually distend the opening till the matter is discharged.

JOB WILSON, M.D.

Franklin, N. H., Feb. 12, 1839.

THE STATE LUNATIC HOSPITAL AT WORCESTER.

[The following are selected from the large number of interesting facts contained in Dr. Woodward's last annual report.]

* I was once called to operate for an aneurism of the carotid artery at the angle of the lower jaw. I supposed that possibly it might not be an aneurism, though it pulsated strongly, and was of several months' standing, and to cut down and take up the carotid artery, or to open an aneurism for an abscess, were operations too important to hazard. To be certain, if possible, in this case, was of the first importance. In order to ascertain the nature of the disease, I took the canula and stilet before described, and passed it into the cavity of the pulsating tumor. After withdrawing the stilet several times, while I retained the canula firm in the cavity of the tumor, I clearly ascertained that it contained pus, and was no aneurism. Of course it was unnecessary to take up the carotid artery.

In the course of the last year, there have been admitted 177 patients, a greater number than has heretofore been admitted in any single year. Of these, 96 were males and 81 were females; 92 were of less duration than one year, 45 males and 37 females, and 95 of longer duration than one year, 51 males and 44 females.

At the close of the year there were in the hospital 218 patients, of whom 115 were males and 103 were females. Of this number of cases 28 are of duration less than one year, and 190 of duration longer than one year.

During the year there have been in the hospital 362 patients, 177 of whom were admitted in the course of the year, and 185 were in the hospital at the commencement of the year.

There have been discharged during the year, including deaths, 144 patients, of whom 84 were males and 60 were females. 76 of these recovered, 45 males and 31 females; 24 were improved, 11 males and 13 females; 14 were not improved, 8 males and 6 females; 14 were discharged harmless and incurable, for want of room, 10 males and 4 females; and 16 have died, 10 males and 6 females.

Of this number of cases discharged, 74 were of less duration than one year, 47 males and 27 females. Of these 64 recovered, 38 males and 26 females; 6 were discharged improved, 2 males and 4 females; 4 have died, 3 males and 1 female.

Of the number of cases discharged, 70 were of duration longer than one year. Of these 42 were males and 28 were females; 12 recovered, 7 males and 5 females; 18 were discharged improved, 10 males and 8 females; and 12 died, 7 males and 5 females.

Respecting the ages of patients now in the hospital, of any 10 years, the greatest number of patients are between 30 and 40 years of age, few are under 20, and more are between the ages of 40 and 50 than between 20 and 30. This, it is believed, is different from the fact with most hospitals for the insane, and may be accounted for, in part, from the accumulation of old cases in this hospital, which was originally designed principally for incurables, many of whom will continue within its wards while life remains.

The average number for the year 1837 was 163; the average number for the year 1838 is 211, a difference of 55 in the average of the two years.

At this time the hospital is as full of patients as it is desirable that it should ever be, and without the lodges, which should never be estimated as a part of the accommodations of the establishment, is already more than full.

The recoveries of mania are about 60 per cent., and the recoveries of melancholia about 59 per cent., while recoveries of dementia, as we use the term, are from 2 to 3 per cent. only.

The great list of employments in the table show conclusively that all mankind, of whatever pursuits, are liable to the evil, and that little can be said of the occupation as a cause of the insanity in any case.

The number of single persons continues to be much larger than the married, as has always been the case in the hospital. During the last

year, we have received 101 patients that have never been married, 65 married, and 11 in a state of widowhood.

Intemperance continues to be a prominent cause, but we are happy to think it is less frequent than formerly. It will elsewhere be recorded that this cause, during the first three years of the hospital, gave origin to 25 per cent. of the cases of insanity admitted, while it is supposed to be the cause in but 14 per cent. of the cases admitted the last three years. If this is any indication of the proportionate diminution of its influence in other respects, unfavorable to public health and public morals, the prospect is most cheering. We have had no case of delirium tremens for the last year, and very few since the institution was opened.

The number of admissions from religious causes has been about the same as usual the past year. A subject so deeply interesting to the human mind as its eternal well-being, must ever have an agency in the production of insanity; these cases come in bold relief before us, and we deprecate the influence which has produced them. All the most valuable institutions of society, however, are liable to the same objections—marriage, education and civilization, as well as christianity, are the causes of insanity in many cases, though it is not the legitimate tendency of any of them to produce this effect.

The number of admissions from masturbation, the last year, has been less, and the cases of a more favorable character. 6 cases only are known to have arisen from this cause; but probably 3 or 4 others may have done so. 4 or 5 of these cases have recovered, and have been discharged with such feelings of the nature and tendency of the practice, as it may confidently be hoped will ensure them from future indulgence and its consequences.

The ascertained causes of insanity in the 855 cases at this hospital, rank thus: 1, intemperance; 2, ill health of all kinds; 3, masturbation; 4, domestic afflictions; 5, religious excitements; 6, loss of property and fear of poverty; 7, disappointed ambition; 8, injuries of the head; 9, use of snuff and tobacco. In a few cases, the cause of the insanity is unknown. Foreigners and citizens of other States found insane in this, have occasionally been committed, whose histories could not be ascertained. Probably we should approximate the truth very closely in distributing the unknown causes under the above heads, according to their relative proportions.

Of the whole number of cases admitted into the hospital, 334 were of less duration than one year, of which there are recovered or supposed curable, 294, which is 88 per cent. From one to two years' duration, 118; recovered or supposed curable, 79, a fraction more than 66 per cent. From two to five years' duration, 141; recovered or supposed curable, 45, a little less than 36 per cent. From five to ten years' duration, 96; recovered or supposed curable, 12, or 12½ per cent. Over ten years' duration, 118; recovered, 4, less than 3½ per cent.

During the last year, the recoveries of patients in whom insanity commenced under 20 years of age, has been 46 per cent.; in those between 20 and 25, 51 1-3 per cent.; between 25 and 30, 42 per cent.;

between 30 and 35, 51 per cent. ; between 35 and 40, 51 per cent. ; between 40 and 45, 67 per cent. ; between 50 and 55, 60 per cent. ; between 55 and 60, 66 per cent. ; between 60 and 65, 90 per cent. ; between 65 and 70, 67 per cent. ; after the age of 70, 57 per cent.

Of the deaths that have occurred in the hospital, 12 have been of recent cases, and 41 of old cases. No one has died of fever, and 4 only of inflammatory disease.

The proportion of deaths must be considered small for the number of the imbecile, feeble and diseased that have annually been brought to our care, being only 53 of 855, a little more than 6 per cent. ; the average on the number in the hospital each year, is about $3\frac{1}{2}$ per cent.

Recovery of insanity from certain causes: From intemperance, 51 1-3 per cent. Domestic afflictions, 58 per cent. Ill health, 62 $\frac{1}{2}$ per cent. Religious causes, 55 $\frac{1}{2}$ per cent. Masturbation, 18 $\frac{1}{2}$ per cent.

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BOSTON, FEBRUARY 27, 1839.

SURGICAL APPARATUS.

THE idea of presenting anything altogether new in surgery, at this period, is preposterous ; yet it is nevertheless true that excellent things may be had in the way of apparatus, very much superior to a majority of the machinery in common use, for splinting limbs, making extension, or confining fractured bones. We happened to have a pleasant interview, a few days since, with Dr. L. Howe, an ingenious and skilful surgeon, of Jaffrey, N. H., who, without designing to seek notoriety, favored us with an examination of several instruments of his contrivance, designed originally for his individual convenience, in his own circle of practice. They were so well adapted to the particular condition of bones in various kinds of fractures, so very economical, too, and likewise so much superior to the trumpery called splints now on sale throughout the country, that we really believe the extensive manufacture of Dr. Howe's inventions would be a public service.

First, he has a pully, connected with a regulating windlass, for the management of fractures of the neck or shaft of the femoris, simple in its construction, but precisely what would be wanted under such circumstances. It strikes every one at all acquainted with the anatomy of the thigh, as being superior to any contrivance used in public institutions.

Next, a *posterior-concave splint*, with a ratchet-wheel windlass, for controlling fractures of the lower limbs, is equally ingenious, and quite as useful as the other, either in extensive private surgical practice, or in a hospital. It is at first view so obvious that both of these machines are strictly philosophical, that they would soon have repute if they were once put on sale.

Besides these, there are several flexible cases, which open to receive fractured limbs, and afterwards are buckled down firmly. They are made of painted cloth—but quite useless to those possessing the instruments just

described. After a close examination of these boxes, for such they are in fact, we have come to the conclusion that they are no better than the felt splints, or many other schemes familiar to surgeons for keeping bones in place.

A third invention, valuable in its place, is called the *ulna elevator*, which is a semicircular spring, padded at each extremity, and managed by a regulating screw. Those who have had experience in fractures of the lower end of the ulna, know how extremely difficult it is to keep the head in its place. The elevator is adjusted with a nicety which wholly relieves the surgeon from anxiety as to the result, while the patient is saved from unnecessary pain, or bandaging. We look upon this as an entirely new instrument.

Lastly, Dr. Howe's *semicircular tourniquet* is no less ingenious than those we have been describing. One of the principal objections to a common garter tourniquet arises from the circumstance that it becomes a ligature, confining both veins and arteries. With this, the pressure is made on two points only, viz., on the artery and the bone opposite. No interruption is given to the venous circulation or the smaller class of arteries in the muscles by this, which is managed by a fine-threaded screw.

Having neither the instruments or drawings of them, with the exception of the tourniquet, it is quite difficult to describe them with precision; and, what is worse still, none of them are to be had in Boston or any other city, having never yet been put on sale.

One object in these remarks is to urge our country friends to persuade Dr. Howe either to supply the principal cities with his instruments, or else allow some of our instrument-makers to do it. If Mr. Phelps, of Court street, once had permission, we are confident that he would soon convince surgeons, far and near, that this apparatus, as far as it goes, is superior to any now known to them for controlling fractured bones.

Scarlet Fever.—Notwithstanding the frequent calls we have made upon the profession to answer this question—why is not the scarlet fever managed with more success than the bills of mortality show it to be, in the United States? it is again urged upon the consideration of practitioners. In Boston, in 1831, 58 persons died of scarlet fever; in 1832, 149; in 1833, 61; in 1834, 28; in 1835, 46; in 1836, 16; in 1837, 39; and in 1838, 91. In the month of January last, 34 died, and up to February 20th, present date, 20 more have been carried off by this same besom of destruction. The malady has been, perhaps, equally destructive in all the cities and large inland towns on the seacoast, during the same years. Still we hear of no improvements in practice. There is a plenty of fine-spun theory abroad, a quantum suff. of which has been sent (yet unpublished) to our address; but this is by no means satisfactory. Till the mortality is actually lessened by medicine, we shall be slow to believe that scarlet fever is well treated. That we might be satisfied that all human exertion had been made to save a patient—that all the knowledge and all the experience of a gentleman, who has lost as many patients by the scarlet fever as any man of his age, had been brought to bear, we were lately invited to examine a case. It was precisely as represented; whatever others had given, was given here, and the practice was as mechanical as the operations of a carding machine. Everything operated kindly, and—the patient died. Cannot some new rule of practice be devised, combining

more advantages than the old? This is a plain and important question—for there is an urgency; a very few, only, recover, and therefore it is inferred that a new mode of treatment is required in this climate.

Dr. Hamilton.—The appointment of Dr. F. H. Hamilton, of Auburn, N. Y., to the chair of Surgery in the Western College of Physicians and Surgeons, at Fairfield, seems to be very satisfactory to the public. He is a persevering, industrious student, and therefore will succeed anywhere. Men of his power and activity, to say nothing of genius, are very much needed in more than half of the medical schools in the Union. Everything goes by management in these degenerate times. To one person fitted by nature for the station of a lecturer on science—in too many scientific institutions—there are ten stupid leaden-headed drags, who neither elevate themselves, or advance the cause of useful knowledge. It is strange that those who have the care and keeping of the honor of medical seminaries do not open their eyes to the monstrous and glaring iniquity of putting cousins, nephews, and almost aunts, into chairs which it is not possible for them to sustain with dignity, or profit to the world. Yet all this is done, to the disgrace of the age, while those most competent are left to grope through life in obscurity. The election of Dr. Hamilton is one of those deviations from the common policy of our medical schools, which actually excites our encouragement—for he is a man of rare talents, and has in no way played a second fiddle to any of the old orchestra.

Division of the Tendo-Achillis.—Dr. Brown, of the Orthopedic Institution, in this city, performed the above-named operation on Thursday last, upon a little unfortunate child, by the name of Julia Ann Gowers, which promises the happiest results. Both feet were clubbed, which must always be considered a very bad deformity. By cutting off the great heel-cord of each foot—which was done almost in a twinkling, without loss of blood—both feet were easily brought into a natural and useful position. The cure is going on admirably, and the prospect now is, that in the course of a few weeks the patient (only three years old) will have a pair of feet nearly as good as they would have been, had there been no congenital malformation.

Massachusetts General Hospital.—The following officers have been elected for the current year.

Consulting Physicians.—Drs. James Jackson, Geo. C. Shattuck, John Randall, and John Homans.

Consulting Surgeons.—Drs. George B. Doane, John Jeffries, Abel L. Peirson, and Edward Reynolds.

Physicians.—Drs. Jacob Bigelow, Enoch Hale, and John Ware.

Surgeons.—Drs. John C. Warren, George Hayward, and Solomon D. Townsend.

Assistant Physician.—Dr. Henry I. Bowditch.

Superintendent of Hospital.—Dr. G. Bradford.

Physician and Superintendent of McLean Asylum.—Dr. L. V. Bell.

Hudson Lunatic Asylum.—S. & G. H. White, M.D., proprietors. During the year 1838, 98 patients have enjoyed the benefits of this institu-

tion. Sixty have been admitted during the year, and thirty-eight were remaining at the close of 1837. The whole number of recent cases, 30; chronic do., 65; intemperate, 3.

Of the recent cases, 15 recovered; 5 convalescent; 5 improving; 1 unimproved; 4 died. Of the chronic cases, 9 recovered; 6 convalescent; 21 much improved; 15 improving; 10 stationary; 4 died. Intemperate, 2 reformed; 1 unreformed. Remaining, January 1, 1838, 43 patients, to wit: Chronic cases, 33; recent do., 10.

Since the opening of this institution, a period of eight years and a half, four hundred and ten patients have been admitted.

Family worship has been continued during the past year, with beneficial effects, which all the quiet patients have had the privilege of enjoying.

Marshall Hall's Lectures on the Theory and Practice of Medicine.—We learn that Messrs. C. C. Little & Co., of this city, have in press and will speedily publish Dr. M. Hall's Lectures on the Theory and Practice of Medicine, extracts from which have appeared in the two preceding volumes of this Journal. The American edition is revised, and will contain considerable additions by Drs. J. Bigelow and O. W. Holmes, of this city.

Medical Miscellany.—It is said that a Philadelphia physician is about establishing a private hospital at Havana.—During the terrible destruction by the late earthquake in the Island of Martinique, the hospital of Port Royal was thrown down, and advices say one hundred patients, lying in the wards, were buried in the ruins.—The Medical Examiner states that the American Philosophical Society has declined acceding to the proposal from Boston, relative to an American Institution for the Cultivation of Science.—The yellow fever is making frightful havoc at Martinique.—Rev. Dr. Matthews, Chancellor of the University of New York, has resigned his office, and now we trust the medical department of the institution will prosper.—Mr. Combe will give a second course of lectures, beginning the 28th inst., at Philadelphia.—The Legislature of Massachusetts had a letter laid before it last week, from the Board of Administrators of the Charity Hospital, at New Orleans. What can it be about?—A horrible case of hydrophobia, which terminated fatally, in the person of a Mrs. Kelly, recently occurred at Lancaster, Penn.—Dr. Holmes, of Sorel, Canada, has been arrested for the perpetration of a horrid murder, near Quebec.—Dr. Parsons, of Providence, R. I., has a patient under his care, who was wounded by a shot that nearly divided the large intestine: there is a prospect of recovery.

TO CORRESPONDENTS.—The wood-cuts to illustrate Dr. Wallace's paper on the eye, were not finished in season for this No. The article shall appear next week.

Dr Curtis, of Columbus, Ohio, can procure the Class-Book of Anatomy, 3d edition, together with the American Medical Almanac for 1839, at Philadelphia, Louisville, Ky., or at Cincinnati. We would transmit both works, with pleasure, as requested, but we know of no mode of conveyance from Boston.

Whole number of deaths in Boston for the week ending February 23, 33. Males, 19—females, 14.

Of consumption, 8—convulsions, 1—scarlet fever, 6—old age, 2—lung fever, 2—apoplexy, 1—hooping cough, 2—child-bed fever, 1—inflammation of the bowels, 1—croup, 1—infantile, 2—canker in the bowels, 1—erysipelas, 1—scald, 1—diarrhoea, 1—marasmus, 1.

AUBURN MEDICAL SCHOOL.

Drs. F. H. HAMILTON and OWEN MUNSON, being associated in the practice of medicine and surgery, will commence their course of private instruction on the 1st of March, 1839.

A series of lectures on Surgery and Surgical Anatomy, will be given by Dr. Hamilton, continuing six months from the first of March: two lectures per week. All the principal operations in surgery will be performed in the presence of the class.

The students will also be daily instructed and examined in the other branches of medical science.

Terms—\$24 per year; payable half yearly, in advance.

Feb. 20—4M1

VERMONT MEDICAL COLLEGE.

THE annual course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by

H. H. CHILDS, M.D.

General and Special Anatomy and Physiology, by

ROBERT WATTS, JR., M.D.

Principles and Practice of Surgery, by

GILMAN KIMBALL, M.D.

Chemistry and Materia Medica, by

DAVID PALMER, M.D.

Medical Jurisprudence, by

NORMAN WILLIAMS, A.M.

Fees for the course—\$50. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in the village on reasonable terms. By order of the Board of Trustees, N. WILLIAMS, Secretary.

Woodstock, Vt., Feb. 5, 1839.

Feb. 20—3t

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweetman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchesse D'Orléans; Professors Velpeau, Marjolin, Paul Dubois, Sannon, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delandfield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Dr. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,

Office 4 Vesey Street, Astor House, New York.

A constant supply of the above Instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10.

Feb. 13—6m

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lyenp

33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 6, 1839.

No. 4.

EMETICS IN SCARLATINA.

[THE last No. of the Transylvania Medical Journal contains a dissertation on scarlatina, by Professor Cross. We extract from it the following remarks on the use of emetics in this disease.]

As has been already remarked, an emetic should be exhibited on the first intimation of the existence of scarlatina, and it should be repeated, according to circumstances, throughout the whole course of the disease. This should be done whether it consist in cutaneous inflammation merely, or be complicated with secondary lesions. If the former, we use them to prevent the supervention of the latter; and if the latter, to moderate and subdue them. There are those who condemn them, and particularly Dr. Armstrong, in cases of the latter description. This, however, does not accord with our experience, for, unless there is gastro-enteric congestion or inflammation, there is no reason to fear they will prove prejudicial. The powerful centrifugal impulse they give to the blood has the effect not only to prevent the formation of, but to remove local congestions. Though emetics are decidedly useful in the management of secondary lesions, they are certainly much more efficacious in preventing them. They effectually clear the air-passages—secure the complete arterialization of the blood, and thus prevent debility and the formation of local determinations and congestions. Recourse should, therefore, be had at once to vomiting, and we should not injudiciously waste time in the employment of the other and much less efficacious means.

The stage of the disease should not be considered an argument against the use of emetics. Respiration may be already very much oppressed—local lesions may have already formed, and debility may already prevail to a considerable extent, and yet we should not be deterred from their prompt and decided use. It is certain that the danger consists in the morbid state of the mucous lining of the air-passages, and this every moment increasing, death must result, if it is not speedily removed. No compromise or hesitation is consequently admissible, for however much, in certain debilitated states of the system, we may dread the exhausting effects of emetics, it must be risked until safer means of clearing the air-passages can be discovered. Generally this apprehension is gratuitous and unfounded, for so far from increasing, the debility is much diminished. If the emetic has the effect to remove any considerable portion of the secretions accumulated in the air-passages,

the blood in circulating through the lungs will be more fully exposed to the action of the air; and from its improved condition, the system will derive strength. This change in the blood is sometimes rendered very obvious in the lighter complexion which the eruption, before dark and livid, assumes. And if even the slightest improvement in this respect is observed to follow emesis, we have the greatest encouragement to persevere, for we have every reason to believe that if sufficiently often repeated and in sufficiently rapid succession, we shall ultimately triumph. This is indispensable, for if their repetition is not strictly enforced, it is easy to lose what little ground has been gained, for in a short time the respiratory passages will be found as much obstructed and the eruption of as dark a hue as before. To a neglect of this precaution, in a great degree, we are satisfied should be ascribed the unsatisfactory results that have often followed emetics, and also, much of the vagueness with which they are spoken of by authors.

While we recommend vomiting as of the greatest efficacy in scarlatina, we would not be understood to intimate that it is of no importance by what article it is excited. On the contrary, our success will mainly depend on the selection we make. The articles that have been used are tartar emetic, *sanguinaria Canadensis* and *ipecacuanha*.

The first article, just mentioned, has not only been used, but has been spoken of in terms of decided approval. The confidence which has been reposed in it is misplaced, and the error thus committed is fraught with the greatest danger. Given occasionally, perhaps two or three times in the course of the disease, as is the common practice, it will not probably prove very prejudicial. From what has been said, however, this is not the way in which emetics are to be used, if we would derive much benefit from them. They are to be administered as often as the condition of the air-passages may require, and if tartar emetic is thus used, instead of preventing, it would infallibly produce exhaustion. The relaxation and the severe discharges of which it is invariably the cause, when often repeated, would prostrate without being productive of any commensurate advantage. Tartar emetic is also a powerful irritant, and if given in any disease where there is a tendency to gastro-enteric congestion, it will be certain to produce it, and by its injudicious repetition gastro-enteric inflammation will result. Instead, therefore, of being useful, the disease is exasperated by the production of a secondary lesion. It is very much disposed to act on the bowels, in consequence of the irritation it excites, and thus we run the risk of producing diarrhœa. This should be strictly avoided if possible, for nothing more rapidly exhausts the strength or is a source of more danger. For these reasons and others that might be mentioned, we look upon tartar emetic as an exceedingly dangerous remedy in scarlatina, and one that should never be employed. We venture thus decidedly to condemn it, notwithstanding it is in very general use and is much commended by those who confide in emetics, because we are persuaded the production of the effects just referred to has tended very much to impair the confidence that may be safely reposed in emesis.

Sanguinaria Canadensis has been much commended by Dr. Tully,

but as we have no personal knowledge of its effects, we will not venture to decide upon its merits, though we are not inclined to believe it will ever be substituted for ipecacuanha, an article which, so far as we have been enabled to judge of it from personal observation, is not obnoxious to the aversion of one of the objections that have been urged against tartar emetic. From its repetition as often as was deemed necessary in the severest cases that occurred under our observation, we never had reason to consider it the cause of gastro-enteric irritation, of general exhaustion, or of diarrhœa.

For the first time, in the year 1832, when scarlatina prevailed to a very great extent in this county as an epidemic, I had recourse to ipecacuanha in the way I have already mentioned. Several times previously, however, I had seen this disease, and had always treated it in accordance with the ordinary modes; but my success was anything but satisfactory. Since my main reliance has been on ipecacuanha, the results of my treatment have been so very different, that I now regard the disease as in a great degree divested of its former terrors. My success, if it has not surpassed, has at least equalled that of any other physician of whom I have read or with whom I am acquainted. In the summer and autumn of 1832, when scarlatina was very prevalent in this county, I had under my care sixty-seven cases, all of which, with the exception of one, recovered. The fatal case occurred in a lady about 35 years of age; she had suffered under the disease six days when I saw her for the first time, and she died early on the eighth day. When first seen her situation was considered hopeless. Since the year to which reference has been made, I have seen about the same number of cases, and have been uniformly successful, so that of about one hundred and twenty cases, but one proved fatal. My confidence in ipecacuanha was made known to a number of physicians, several of whom made a faithful trial of it in the way recommended, and although their success was not so complete as that realized by myself, it was sufficiently satisfactory to induce them to rely upon it in future.

DISSERTATION ON GENERATION.

BY B. F. BUGARD, A.B.

[Sustained at his public examination for the degree of Doctor in Medicine, before the Faculty of Medicine of Harvard University, February 8, 1839.]

THE variety of beings that people the world is so great, that the human mind can hardly conceive or imagine their number; and the philosopher who observes the march of nature, cannot help perceiving a creating power, the sole principle of life, constantly engaged in the production of new beings, without appearing to provide for their future existence. Though this latter opinion may be opposed to that of many, were it necessary to give proofs in support of it, perhaps it might not be difficult to find them in the fact that races of animals have existed, became extinct, and were replaced by others that still exist, which probably will disappear in their turn, and make room for new ones.

The Creator, however, in giving life to millions of different species of beings, has not been willing that they should immediately pass from his creating hand into nothingness ; consequently he has given to each one, not only the means of existence, but also those of reproduction ; even more, he has established in each individual, the desire, or rather the want, of contributing to this latter important preserving function.

The means and organs employed in this function are different among the different species of animals, though they all present a very great analogy. In this dissertation I shall only consider those that more intimately belong to mankind.

Like most animals, the human species, in order to reproduce itself, requires the participation of two beings, a male and a female. The act of reproduction may be divided into three parts, or three different periods, viz., fecundation, gestation, and labor or delivery. The two sexes simultaneously co-operate in the first of these functions, the male as fecundating agent, and the female as fecundated ; the two others belong exclusively to the latter. Thus my subject is naturally divided into three parts, which I shall successively consider.

Of Fecundation.—Fecundation is the successful result of the union of a male and a female, by which the dormant rudiments or principles of a new being, secreted by the female, are put into action by the contact of the sperm or fecundating principle secreted by the male, that they may be developed and acquire an independent life.

With regard to the sexual parts of the male, the texture of the corpus cavernosum and corpus spongiosum, which constitute the penis, are composed of an infinite number of branches of arteries, which anastomose in every direction, and their interstices are filled by an infinite number of minute veins, which anastomose also in every direction, thus forming a kind of cellular and porous body. It is not difficult to conceive that such an organ, made up with elastic tubes, must be very flaccid when those tubes are empty, and hard in proportion as they are more or less filled. Besides, this fact is easily ascertained by the injection of the veins or arteries, or of both, which always produce the erection of the dead penis. How that injection takes place in the living penis, and when it is established, how it maintains itself or ceases, remains to be seen.

It is probable, if not ascertained, that the arteries of the corpus cavernosum and corpus spongiosum communicate quite freely by their extremities with the origin of the veins, into which they pour the blood which they contain ; and I am induced to suppose that at the origin of the penis, the arteries, however small they may be, are provided with sphincters, which are submitted to the influence of the nervous system, and that when an exciting cause is present, those sphincters expand, that the arterial blood may pass, and in this manner exert a pressure upon the neighboring veins, the openings of which are thus closed at the very root of that organ, so that the blood which is forced into the arteries, and consequently into the veins, cannot escape as long as the dilatation of the sphincters exists ; but as soon as the exciting cause ceases, the sphincters of the arteries close themselves, the pressure on those vessels, and consequently on the veins, is removed, and the blood imme-

dially returns to the heart. Thus, when the orifices of the arteries are open and those of the veins closed, erection is produced, and continues as long as the parts remain under the same influence and in the same situation—as long as the arterial pressure is not prevented, and the blood is retained in the veins; but as soon as fatigue, caused by the arterial pressure, commences, the sphincters naturally close themselves, the blood escapes from the veins, and the flaccidity of the penis takes place. As to the action of the sphincters of the arteries, it is doubtless submitted, like that of all the muscles, to the influence of the nervous system.

The nature of the fecundating principle, called sperm, or seminal fluid, secreted by the testicles of man, does not seem to be perfectly established. However, according to the observations of modern physiologists, it seems to be composed of a mucous part and organic or organized molecules. Some physiologists think that with these two parts is a third substance, which they call *aura seminalis*, the existence of which is denied by others, but which appears to me to be highly probable.

The mystery in which the act of fecundation is enveloped, has given rise to several theories, which are more or less absurd as they present more or less objections, and as they explain satisfactorily or otherwise the phenomena which excite the interest, the attention, or at least the curiosity, of the observer of nature. Of all these theories, the first, that of the seminalists, who believed the embryo was formed by the mixture of the seminal fluid of the male with a somewhat similar fluid emitted by the female, was replaced by that of the ovists, because the latter discovered, in the female testicles or ovaries, vesicles to which they gave the name of ova, and the organs that contained them were called ovaries. But the difficulty of explaining how these ova could pass into the uterus, caused the system of the seminalists to prevail until Fallopius, of Modena, who lived in the sixteenth century, discovered the tubes since called, from his name, the Fallopian tubes. But in the seventeenth century, Lewenhœck and Harsœker, Dutch physicians, having discovered that living animals were to be found in the seminal fluid, established the system of animalists, which was generally admitted until Liebercuhn, of Berlin, found that what had been taken for animals was, in fact, but organic molecules, contained in the fluid emitted by woman in as large numbers as in that produced by man. The system of the ovists was then re-established, and has been maintained to this day, not without causing, however, many different opinions as to the manner in which the ova are fecundated. All these opinions, sustained and opposed by arguments that are more or less ingenious, without ever being convincing, leave to those who seek information in the experience of others, but the sad alternative of making no choice, or of adopting the system that presents the least objections or difficulties.

However, most physiologists think that fecundation cannot be effected without the contact of the seminal fluid of the male with the ovum in the ovary. Others think that contact is not necessary, and that fecundation is the effect of the sympathy which exists between the ovaries,

the uterus and vagina ; they give, as proofs of this opinion, instances of fecundation where the passage to the uterus was interrupted either by a hymen extremely difficult to tear, or by some adhesion in the vagina. But may we not inquire whether these adhesions in the vagina could not be the result of a local inflammation that had taken place after fecundation ; and whether the hymen, after having been lacerated, could not have been re-united by adhesion by first intention ; and even whether the thickness and hardness of that organ, which is generally very thin and tender, are not proofs that its texture was altered, first by a morbid, and then by a repairing action. Such an adhesion is certainly probable—nay, more, seems to be quite natural, especially when it is considered that the lacerated parts are soon after the laceration naturally put in contact, and even pressed against each other. As for myself I think that it is only by the communication of the sperm with the ovaries that fecundation can take place. What makes me think so is the form and disposition of the appendages of the uterus, and the successful means that are employed by some women who like to enjoy the venereal pleasures without exposing themselves to the disagreeable consequences of conception. But I shall have occasion to re-consider this part of my subject.

Not satisfied with the theories generally received on many points relating to the subject of this dissertation, I have been led to different views, which I shall try to explain. The rudiments or principles of whatever woman is destined to produce, consist of the small vesicles which were called ova, but which hereafter I shall designate by the name of vesicles, and the organs that secrete them I shall call vesicular glands. I prefer these names to those of ova and ovaries, on account of the want of analogy between the objects these are intended to represent and the ova and ovaries of *non-mammalia* animals, to which they were originally given, and to which they should exclusively belong ; for, without entering into other details to show their misapplication in the *mammalia* species, it will be quite sufficient to observe that the ovum, such as it exists in the ovaries of birds and reptiles, when it is fit for fecundation, is generally, as regards its form, of a size in proportion to that of the particular animal to which it belongs, and, according to this principle, that of a woman should be nearly as large as that of an ostrich. I therefore believe that the principle, *omne vivum ex ovo*, is too general, and should be restricted to these, *omne vivum non mammosum ex ovo*, and *omne vivum mammosum ex vesicula*.

There is a point about which most physiologists seem to be quite indifferent, and which appears to me to be of greater importance than many others for which they have spent much time in researches and publications. That point is, whether sexes are mixed in each ovary or vesicular gland, or whether each ovary or vesicular gland contains a particular sex. I know that the received opinion is, that sexes are mixed in each vesicular gland, and that the other opinion is generally considered as the ridiculous offspring of fancy, without being supported by any moral, philosophical, or physical reason. However, if vesicles or ova are secreted by the vesicular glands, of which there is no doubt in my mind, it is evident that the one must secrete the male and

the other the female ; for no one will deny that man and woman are different beings ; and if they are different beings, however small the difference that characterizes them may be, they cannot proceed from the same principle. To sustain the contrary would be as absurd as to sustain that different effects could be produced by the same cause. Since the principle that produces the male is and must be different from that which produces the female, each requires a particular organ for its secretion, because it would be absurd to suppose that they could be secreted by the same one ; as absurd as to suppose that in a state of health the liver can secrete other things than bile, the kidneys other things than urine, the lachrymal glands other things than tears, &c. Since the principles from which the two sexes are formed require different organs for their secretion, it is natural to conclude that one of the vesicular glands is for the secretion of the male, and the other for the female. To destroy this argument, I think that it must be proved either that man and woman are anatomically or physically the same being, or that different beings or effects can be produced by the same principle or cause, or that the same organ, in a state of health, can produce different secretions, which I dare say no rational mind will attempt to do.

But in support of this opinion, many facts could be produced by post-mortem examinations of mothers who had children of either sex or both ; also the circumstance that there are many mothers that have given birth to several male children without a single female, and others to many females without a single male. Such instances certainly prove that it was the intention of nature that the sexes should be separated in the vesicular glands ; for did they not prove that, they would prove at least that the mixture must have been practised by a very unskilful hand ; but *nihil absurdius*.

[To be continued.]

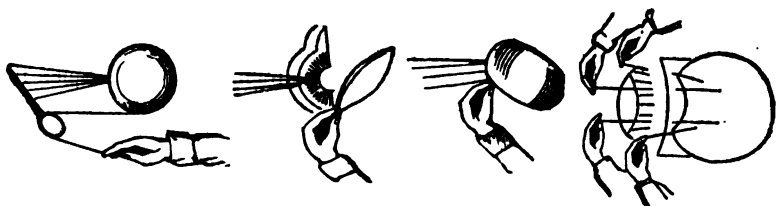
FIBROUS STRUCTURE OF THE RETINA.

To the Editor of the Boston Medical and Surgical Journal.

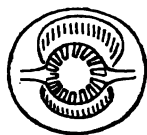
DEAR SIR,—Having observed in your Journal that a copy of my treatise on the eye could not be found in Boston, I respectfully forward one to your address. It contains several errors, which I shall endeavor to correct in another edition, which may perhaps soon appear.

The fibres in the retina, which have been demonstrated to hundreds, are not imaginary, but may be easily exhibited by immersing the eye of a calf, for a few days, in alcohol, and separating them with a camel's-hair pencil, after the retina is exposed by cutting off the anterior portion of the eye. The demonstration may be facilitated by pouring into the cup thus formed a watery solution of corrosive sublimate. When an alcoholic solution of corrosive sublimate and muriate of ammonia is used, the fibres become matted together, and the entire coat may be pulled off, exposing a layer of globules, which are kept in position by the coat of Jacob. By the same preparation we can also demonstrate that Jacob's coat is double, like the pleura,

The method by which the adjustment of the eye is effected, may be demonstrated as clearly as any other truth in physiology. When the lens is a sphere, there is no change in its diameter by rotation; but if it be less or greater than a sphere, the comparative extent of the denser medium for the passage of light will be changed, if attempted to be adjusted by traction at only one point. This may be illustrated by the following sketches.



In order to bring the rays to a focus, lenses, greater or less than spheres, must be so adjusted that one margin will not be farther removed than another from the former position. The instruments for effecting this are the ciliary processes, which are attached to the extension of the capsule, forming the anterior wall of the canal of Petit. At the roots of the processes there are muscular fibres, which, compressing the veins, will cause an elongation and draw forward the margin of the capsule, and the lens along with it; while it will be drawn back by the elasticity of the membranes of the vitreous humor. When the outer layer of the choroid is dissected off the ciliary body, the muscular fibres may be shown, though the dissection is somewhat difficult to a person not in the habit of performing it. The collection at the upper portion of the eye is simular in the ox, and of this shape, while the under portion is not so strong. The arteries going to the processes pass at the equator of the eye, and are so situated that they are not pressed on by the muscular fibres; while the returning veins pass through them. In the sheep the muscular fibres are in the upper portion, placed at right angles to the processes, thus.



Plan of Arteries.

A fact discovered by Dr. Tully, of New Haven, Ct., throws considerable light on the physiology of the eye. He found that when an aged person is under the influence of *nux vomica*, he can do without his spectacles. On the other hand, it has been long known that the eye is adjusted only to distant objects during the action of *belladonna*. In the former case, the effect may be produced by the increased action of the ciliary muscle, and in the latter by its relaxation permitting the elasticity of the membranes of the vitreous humor to have full play. The membranes forming the cells of the vitreous humor have a stellated appearance, thus.



At the under portion of the lens, in the striped bass, there is a triangular muscle supplied with a distinct nerve of mo-

tion, the shape of which is shown in the margin. One angle of the muscle is attached to the crystalline lens, and the other to the membranes of the vitreous humor. It passes through a loop at the back of the iris, and when it acts, the lens may be drawn very near the cornea, while the retraction is effected by the elasticity of the membranes of the vitreous humor. The muscle has various shapes, with or without a loop, and is absent in all those aquatic animals which are furnished with ciliary processes; as the shark and the porpoise, where the lens is less than a sphere (an oblate spheroid), and the cuttle fish, where it is greater (a prolate spheroid).



In my published papers I was at a loss to explain the retraction of the lens, till informed by Dr. Tully of the effect of strychnine, and the consequent reconsideration of the effect of belladonna. I acknowledge that in this respect I have committed several errors, and that my publications were premature.

You will find in Porterfield a statement that some have said there was an apparatus by which the eyes of fishes are adjusted, though he gives no credit to the assertion, and does not say in what it consists. In my original paper on the subject, I gave the following quotation from Cuvier. "In a great number of fishes there is a falciform ligament, which passes through a slit in the retina and penetrates the vitreous humor." "It contains bloodvessels and nerves, and is attached to the capsule of the crystalline at its inferior surface, sometimes by a simple elevation or by a fold a little more opaque, at other times by means of a grain or tubercle, transparent and harder than the vitreous humor in which it is placed." "Jurin has named it the ganglion of the crystalline."

In a late number of the London Magazine of Natural History, I think for March last, Professor Dalrymple, after giving an account of a similar body in the eye of a pike, says, "that the existence of this body is unknown in England, at least, may be inferred from the fact that the learned professor of comparative anatomy in the College of Surgeons, Mr. Owen, and Mr. Yarrell, so well known by his beautiful work on the Ichthyology of Great Britain, were unacquainted with the subject when I mentioned it to them." After having stated that his preparations were exhibited to some Americans attending the Ophthalmic Hospital, he remarks that a similar account had been published by me, but says, "*I cannot help suspecting that Mr. Wallace is one of the Americans to whom the observations made by me were imparted at the Ophthalmic Hospital some years ago.*" I have elsewhere remarked that I am not an American, and that the individuals alluded to are of course free from all suspicion of plagiarism; but I published my account in 1834, the same year in which he published his work on the eye, and said nothing on the subject till 1838.

To any person who will read the accounts of Porterfield and Knox, my discoveries in the ciliary body will appear altogether different, and are capable of ocular demonstration. Respectfully, your obt. servt.

New York, Feb. 7, 1839.

W. C. WALLACE.

HOOPING COUGH.

[Communicated for the Boston Medical and Surgical Journal.]

THE opinion that hooping cough is essentially a spasmodic or nervous affection, which has been gaining ground for the last five years, is roundly controverted by Dr. Gallup in his Institutes of Medicine. We transcribe his views, as the practice under the two theories is so essentially different. Belladonna and carbonate of iron, with the nameless host of the remedies of the theorist of spasm, must be soon gathered to the tomb of buried specifics. Dr. Gallup says—"the apparent spasm is a part of the involuntary movements of the conservative power of the human economy, exerted to relieve the tissues of the intolerable irritation. This false thesis of spasm has led to very disastrous results in the treatment of hooping cough. It has introduced into its service not only the most powerful of anti-spasmodics, but the most destructive of all narcotics. The pathological error was conceived in darkness, and the remedy brought forth in ignorance." He continues, "were the subject less important, we might be spared the pain of the above remarks. But in consequence of an erroneous principle, the young sufferers in this disease are liberally fed with Dover's powder, black drop, morphia, and the tribes of pedlars' cough drops. We are not content to speak through pages which may never reach the public eye, but wish for a lengthened trumpet that might tingle the ears of empirics and charlatans in every avenue of their retreat." The indications of treatment of course are the same as in other inflammatory affections. After satisfactory depletion, the doctor advises the old alkaline mixture, which had rather gone out of date, but which, we think, he has done well to revive, viz., carb. pot., ʒij.; cork, ʒij.; aq. pur., ʒx.; sacch. alb., ʒij. M. Give freely. While pertussis is now epidemic, it appeared to me that the above extract would be useful.

E.

EXTENSIVE FRACTURE OF THE SKULL.

[Communicated for the Boston Medical and Surgical Journal.]

A VERY severe surgical operation was successfully performed by Dr. Robert Kelsey, of Avon, N. Y., on the 4th of November, 1838, assisted by Dr. Charles Little and Dr. I. F. Whitbeck, of Avon, and Dr. Wm. Butler, of Lima.

A man, by the name of Taylor, received a severe contusion and fracture on the right side of the head, by the kick of a horse. The fracture and depression involved nearly all the squamous portion of the os temporis, extending into the anterior and inferior portion of the os frontis, immediately back of the superciliary ridge. The depressed portions of bone were elevated and removed, amounting in all to thirteen pieces. It was found, on raising the bone, that the cork of the horse's shoe had perforated the dura mater, and a small portion of the substance of the brain passed out of the opening during the operation. Four bloodvessels were tied during the operation. A large surface of the

dura mater was exposed, of the shape of a triangle, being above two inches across the base, and nearly or quite three inches in length. Notwithstanding the danger attendant upon so extensive an operation, and very much enhanced by the perforation of the dura mater, the man has recovered so as to be able to attend to his ordinary occupation as hostler.

Avon, N. Y., Feb., 1839.

INSTRUMENTAL LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 2d, 1838, I was called to see Mrs. S., aged 32, with her first child. Between 6 and 7 o'clock, A. M., the child's head had passed the superior strait, but owing to a contraction of the inferior one it became wedged and made no farther progress from that time till 5 o'clock, P. M., making eleven hours. Pains had been extraordinarily severe and powerful all the while. The patient had become exhausted and was fast sinking. Council had been sent for, but did not arrive. Part of the ladies present strenuously opposed my using the instrument, because they considered the death of the child certain, and that of the mother probable. In this dilemma, believing no time was to be lost, I was obliged to tell them there was no danger of the life of the child or mother either, unless the child was then dead, which I thought was the fact. They consented. I applied the forceps and delivered the child in a few moments; and, to my astonishment, the child was alive, and is yet hearty and well. The woman had a quick getting-up. Query—

is the life of the child common in such cases? Yours, &c.

Adams Basin, N. Y., Jan., 1839. GEORGE C. HOWARD, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 6, 1839.

ANATOMICAL CURIOSITY.

By the polite attention of the Rev. Dr. Anderson, of the Foreign Missionary Service, we have been presented with a work on elementary anatomy, published in 1838, at the Sandwich Islands, by Dr. Judd, in the native language of the islands. It is embellished, as well as illustrated, by nineteen copper-plate engravings—fac-similes of those in the Class-book of Anatomy, prepared by ourselves, from which they were copied. They were all executed by one or more of the native members of the seminary established at Lahainaluna, on the island of Maui. The title-page runs thus—"ANATOMIA. *He Palapala Ia E Hoiike Ai I Ke Ano O Ko Ke KANAKA KINO.* Ua kakauia ma ka olelo Hawaii, i mea e ao ai na haumana o ke Kula Nui, ma Lahainaluna. OAHU: mea Paipalapala A na missionari, 1838." We take it for granted that Kanaka Kino is the author's name, *Sandwiched*.

LONGEVITY.

WE are somewhat puzzled to understand a very excellent and valued correspondent, touching the cause of the death of the late Dr. Holyoke, of Salem. Although he had arrived at the great age of *one hundred and one years*, and sat at a public table by invitation of his brother physicians on his one hundredth birth-day, it is now gravely asserted that he did not die of old age. It was ascertained that it was a cancer of the stomach which hastened the melancholy exit of the patriarch of physic in New England. But our friend would fain have us believe that the use of ardent spirits produced the disease. How old must a man be to die, actually, of old age? We were personally acquainted with the late Donald McDonald, of quarrelsome memory, who was sent to the House of Correction, by the Police Court, for a street brawl, when about one hundred and five years old. At the age of *one hundred and eight* he enjoyed excellent health, notwithstanding an immoderate use of tobacco, and a proneness to get absolutely drunk whenever he had an opportunity. The father of Donald lived to be one hundred and thirty-seven, in Scotland, and no one knows when he would have died, had he not been accidentally killed. With respect to Dr. Holyoke, we are wholly unprepared for discussing the subject in relation to the cause of his death, having no materials for constructing an argument, pro or con, in the matter. The gentleman who has requested an answer to the question—"Do you suspect that moderate drinking shortened his days?" is respectfully referred to the faculty of the good city of Salem, his personal friends and neighbors. Since the business has assumed the aspect of a grave subject, it would be very well to have it satisfactorily disposed of by those who are competent to decide. As our friend, Dr. Peirson, seems to have created the excitement, nothing would oblige an inquirer more than an explanatory paper from that source.

Dental Quackery.—The trumpet-blowing circular of a fellow by the name of Caldwell, belonging to the whole Commonwealth of Virginia, has been sent from Philadelphia, where he appears to be sojourning, to a gentleman of official standing in this community, which somehow got entrance to our post-office box. He has the impudence to write thus: "Respected Sir,—A citizen of your city, Boston, informs me that the physicians of the city, in their Society, have resolved to investigate the existence of a ligament supporting the teeth. Please from me to say to them (*the physicians of Boston*), if they will advertise me of their wishes to hear a lecture, and will name a house that will hold 1000 persons, and permit them to attend without expense, I will go and deliver one explaining the great cause of the disease of the teeth, by which they are injured and lost; suggest remedies to arrest the effect of the causes that destroy them; to preserve, &c. Or if too much decayed, how they may most easily and safely be extracted, and explain the difficulties of this operation. If a wide difference from the opinions heretofore entertained by anatomists will furnish a foundation for speculations upon my mode of operating, I will give it in my lectures. And to confirm or demonstrate the correctness of my system, and prove its advantages over all others, the most difficult cases to extract may be presented to me when there (*before the audience*). I could not delay in your city more than a day."

Fine fun that, to jerk out teeth before a thousand persons! When the faculty of Boston require instruction from such high authority, Dr.

Caldwell will be sent for. Those gentlemen of Philadelphia, to whom reference is made—viz., Professors Gibson and Patterson, and Commodore Biddle—had better lose a tooth a-piece than have their names disgraced in the manner they now are on the advertisements of this travelling quack.

Homœopathic Oration.—There seems to be something in Dr. Channing's discourse before the physicians of New York, a while since, that does not satisfy all who heard him. The Examiner says, "the members have thanked him for what they themselves spoke of as a betrayal of their interests." Now if the orator was invited to deliver an oration, surely those who selected him are bound by the laws of courtesy to treat him civilly, even if they happen to dislike the subject. Perhaps the opportunity was a good one for suddenly creating a personal notoriety, which promised future advantages too clearly perceived to be neglected. If this was really the fact, the doctor could not have been placed in more fortunate circumstances for a debut, backed up by the whole profession of the city—which was saying to the people, this is a picked man, there is not another in New York whom we more delight to honor. He will never lack practice while the welkin rings with his name. Persecution from such a quarter will beget a public sympathy that is invariably expressed in dollars and cents.

Albany Medical College.—This new and flourishing institution has at length received its incorporation, says the Albany Argus, the bill having passed both houses with extraordinary unanimity, there being but one negative vote in the Assembly, and but two in the Senate. We understand that the amendments made to the bill as originally reported, are entirely satisfactory to the trustees and faculty, who accept the charter, and will immediately organize under it. And as the college has been in session, with a class of over fifty students in daily attendance upon the lectures, and as all the rights of other incorporated colleges, including that of conferring degrees which shall be a license to practise physic and surgery in the State, are now vested, by law, in the trustees and faculty, the Albany Medical College is fairly in the field of competition. From the popularity the school has thus early acquired, by the zeal and enterprise of the trustees, and the professional ability of the faculty, there can be no reasonable doubt of its success.

A meeting of the trustees was held at the college on the 19th ult., for the purpose of re-organizing under the act of incorporation granted by the Legislature; at which the Hon. Jared L. Rathbone, Mayor of the city, was elected President of the Board of Trustees, and John Davis, Secretary.

The Board then proceeded to the appointment of professors, and the following gentlemen were unanimously elected. Alden March, M.D., Professor of Surgery; Ebenezer Emmons, M.D., Professor of Chemistry and Natural History; James H. Armsby, M.D., Professor of Anatomy and Physiology; David M. Reese, M.D., Professor of Theory and Practice of Medicine; Henry Greene, M.D., Professor of Obstetrics and the Diseases of Women and Children; David M. McLaughlan, M.D., Professor of Materia Medica and Pharmacy; Amos Dean, Esq., Professor of Medical Jurisprudence.

Treatment of Scarlatina.—Readers are referred to the first article for a sensible dissertation on the value of seasonable emetics in scarlet fever,

by Dr. Cross, of Lexington, Ky. Since, as a general rule, the modern treatment of this disease is unsuccessful in New England, these remarks, from good authority, cannot be otherwise than interesting.

Relief of Constipation in Insane Persons.—Mr. Geo. Bodington, Surgeon, of Warwickshire, England, relates several interesting cases in the *Lancet*, in which he was successful in removing that torpidity and obstinate costiveness of the bowels which are so common to many lunatics, and which sometimes occur in other cases. The following mixture was given to a female maniac whose bowels had not operated for years without strong purgatives, and who was also afflicted with prolapsus ani: Comp. infusion of roses, 3vj.; comp. tinct. of cardamoms, 3ij.; sulphate of magnesia, 3ij. To take a wine-glassful every second hour till an evacuation was procured. The bowels were relaxed in a few hours, and there was no displacement of the rectum. She afterwards occasionally took a dose of this mixture before breakfast, which never failed to operate, and now, two years after beginning to use it, her bowels act with regularity, and her health has improved. In another case, a tumbler nearly full of a mixture of compound infusion of roses, holding in solution about an ounce and a half of sulphate of magnesia, was commenced with, and was exceedingly beneficial. It was continued for a few weeks, at the end of which time the patient's bowels were perfectly regulated, which seemed to lay the foundation for his complete restoration to mental and bodily health.—Have any of our readers known colchicum to cause, during its use, obstinate costiveness?

Dr. Elliotson and Animal Magnetism.—Reference has at different times been made in this Journal to the experiments in animal magnetism on a female by the name of Okey, by Dr. Elliotson, the lecturer on medicine at the University College, and senior physician to the North London Hospital. Many of these experiments were repeated at this institution in a public manner, against the wishes of the medical committee of the hospital. This committee recently became so strongly convinced that these exhibitions were foreign to the objects of the hospital, that they took steps for the immediate discharge of Okey, and the prevention of the further practice of mesmerism in the wards. On being informed of these proceedings, Dr. Elliotson immediately sent in his resignation. It appears that Dr. E. has not been in the habit of introducing the subject of mesmerism into his public instructions to the students, a majority of whom have publicly expressed their regret at his withdrawal from the station which he has occupied with so much honor to himself and profit to them. He certainly seems to be an enthusiast, however, in this matter, as he still not only expresses his full conviction of the reality of mesmerism, but his belief that the light which his experiments will throw over the operations of nature, will equal, if not exceed, that elicited by all other discoveries. It is also said that he has been in the habit of making use of the *prophecies* of the girl Okey, to assist in the prognosis of cases in the hospital.—Dr. Copland has been appointed to finish the course of lectures on medicine which were commenced by Dr. Elliotson in the college, and Dr. Carswell physician to the hospital.

Prize relative to Vaccination.—Amongst the notices of the prizes proposed by the Academy of Sciences for the encouragement of medicine,

we find one announcing that a prize of 10,000 francs (£400) will be awarded in the year 1842, to the best memoir on the following questions:

Is the preservative power of the vaccine virus permanent, or is it only temporary?

In the latter case determine, by precise experiments and by authentic facts, the time during which its preservative power continues.

Has the matter of cow-pock, taken from the cow, greater efficacy than the vaccine virus which has been transmitted through several individuals?

Supposing it to be proved that the efficacy of the vaccine virus is diminished by transmission, should it be renewed, and by what means?

What is the relation between the intensity of the local phenomena, and the preservative power of the vaccine virus?

Is re-vaccination necessary, and if so, point out at what period it should be practised?—*London Lancet*.

Medical Miscellany.—Dr. Jennings has been made Secretary of State in Mississippi.—Hardage Lane, M.D., was elected President of the Medical Society of Missouri, February 1st, and Franklin Knox, M.D., Corresponding Secretary.—Dr. Flint's address before the students of the Louisville Medical Institute, November 13th, is published in a pamphlet of 31 octavo pages, compact type.—Dr. John Burdell, an eminent dentist of New York, uses a decoction of hyson tea—one pound boiled down from a quart to half a pint—to allay the sensibility of the nerves of diseased teeth. Four drops killed a rabbit. When the same quantity was boiled down to a gill, four drops killed a young cat.—Mr. Combe, the phrenologist, is at Washington.—The Legislature of New York has refused a grant of money to the College of Physicians and Surgeons in Crosby street; the number of pay-students, says the Medical Examiner, this year, is only fifty.—Williams, the notorious quack and foreign eye mender, is reduced to the lowest level. Where are his Boston *see-friends*?—The 7th annual report of the New England Institution for the Education of the Blind has been given to the public, which is as interesting and satisfactory as any preceding one.—One hundred and fifty-one students are attending lectures at the Medical College of the State of South Carolina—an excellent, thriving institution, prudently but energetically managed by an industrious, scientific, and talented faculty.—Dr. J. B. Brown operated again last week, for clubbed feet, on a young child. Although badly distorted, as soon as the division of the tendo-Achillis was made, the foot was quite easily brought into shape.—Dr. Gallup's new work meets with friends where they were least expected.—A copy of a new work from Dublin, from the author, is hereby acknowledged—to be examined soon.—Dr. Howe's apparatus have been inspected by a competent judge, who pronounces the tourniquet to be a very valuable improvement.—Several important surgical operations have recently been performed in the neighborhood of Boston.—The lectures in the Medical Department of Bowdoin College, Maine, have commenced, and are, as usual, well attended.—Surgeons are in demand for the Eastern forces now congregating on the confines of the disputed territory. The chance is excellent for young surgeons to learn the elements of military surgery.

Whole number of deaths in Boston for the week ending March 2, 34. Males, 17—females, 17.

Of consumption, 5—old age, 2—hives, 1—scrofula, 1—scarlet fever, 3—dropsy on the brain, 5—lung fever, 3—typhous fever, 1—dyspepsia, 1—dropsy, 1—apoplexy, 1—convulsions, 1—marasmus, 1—casualty, 1—croup, 1—burn, 1—dropsy in the chest, 1—insanity, 1—stillborn, 2.

SITUATION.

A YOUNG PHYSICIAN, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 2000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained.

M 6—4teop.

VERMONT MEDICAL COLLEGE.

THE annual course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
General and Special Anatomy and Physiology, by	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by	DAVID PALMER, M.D.
Medical Jurisprudence, by	NORMAN WILLIAMS, A.M.

Fees for the course—\$50. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in the village on reasonable terms. By order of the Board of Trustees, N. WILLIAMS, Secretary.

Woodstock, Vt., Feb. 5, 1839.

Feb. 20—St

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

MEDICAL ALMANAC and Pocket and Memorandum Book for 1839, for sale at the Medical Journal office. Price 75 cts. On account of the binding, copies cannot be sent by mail.

Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1/2 cts. Dec. 19.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	DR. BROOKS.
On Anatomy and Surgery, by	DR. REYNOLDS.
On Midwifery and Chemistry, by	DR. STORER.
On Physiology and Pathology, by	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MARCH 13, 1839.

No. 5.

LETTER FROM DR. HARLAN.

To the Editors of the Philadelphia Medical Examiner.

LONDON, January 15th, 1839.—Since our last we have passed much of our time in the Royal College and British Museum—two exhaustless resources of amusement and instruction; and, in connection with the practice and museums of the various hospitals and medical schools of this boundless metropolis, constitute a most valuable resort for the student or physician who has already finished a practical course of studies in the less expensive institutions of Paris. Agreeably to the appointment alluded to in our last, we waited on Sir Astley Cooper, to witness his interesting operation on the rabbit, in which, and in other small animals, he induces death in a very short space of time, by the simultaneous pressure on the carotid and vertebral arteries of both sides—and, as he avers, absolutely without pain to the animal. He caused me to repeat the experiment before him, in order to assure himself that we adequately comprehended the *modus operandi*.

We then took our leaves, with the letters of introduction, which he had so obligingly offered us, to MM. Roux, Velpeau, Lisfranc, and Fisher, of Paris.

During our visit to the Royal College of Surgeons this morning, Mr. Owen offered us a microscopical view of the new species of Entozoon, discovered by him in 1835; it exists, in incalculable numbers, in some men, women and children, both in healthy and in diseased bodies—the muscles appear to be studded over with white dots, as if disseminated with calcareous depositions—and those most commonly affected are the great pectoral, latissimus dorsi, abdomiles, &c.; no muscles, however, being exempt. The worms have also been detected in Prussia, but not as yet in Paris. As Mr. Owen has already well described this parasite, under the name of "*Trichina spiralis*," in the Encyclopædia of Anatomy and Physiology of Tod and others, I have only to add, that Mr. Owen kindly presented me with specimens, requesting me to ascertain if the same exist in Americans.

We have been exceedingly interested in attending the meetings of the various learned societies in London; in fact, every evening in the week might be thus advantageously spent. The Royal Society, the Linnæan, and Geological, meet once a fortnight, all on different nights, and a club dinner is given by each immediately preceding the meeting.

We have found the fare excellent on these occasions, where good company, good wine, and good order prevail. We had a very interesting discussion at the Geological Society, based on a memoir which I read on the fossil remains of the immense extinct animal from Alabama, which I had described under the name of *Basilosaurus*—the question to be determined being, whether or not this fossil belonged really to the Saurian or Mammiferous order. The strongest argument of its mammiferous nature, was derived from certain analogies which Mr. Owen discovered in his microscopical examinations of sections of the teeth of this fossil, and those of the *Dugoney*. For the detailed account of this discussion, I must refer you to the notice published in the *Athenæum* a few days subsequently, and to the forthcoming volume of the Transactions of the London Geological Society.

London is at present enlightened by hundreds of lecturers on all subjects. We listened to a very interesting clinical discourse to-day, by Sir Benjamin Brodie, at St. George's Hospital, on certain diseases of the bones.

Drs. Hall and Grainger are delivering admirable lectures on the nervous system, ably illustrated by comparative anatomy; and Dr. Grant's discourses on comparative anatomy would in themselves compensate for a voyage across the Atlantic. We are to attend the Royal Geographical Society's meeting on Wednesday, and to hear Professor Faraday lecture at the Royal Institution, on Friday evening next. On Sunday last, we again had the honor to meet, at Mr. W. Lawrence's hospitable board, a very agreeable society of ladies and gentlemen.

Among the liberal dispensers of hospitality to scientific foreigners, and more particularly to their "*transatlantic brethren*"—for this is the designation which, by common consent, is hereafter to be applied to our compatriots—none surpass our enlightened friend, Mr. Lawrence; the high encomium bestowed by this admirable writer on American institutions and our men of science, in his celebrated work, "*The Physiology and Natural History of Man*," together with the friendly disposition he has ever been so ready to show to members of our profession visiting London, has long rendered his name particularly popular with us. I am aware that his unsurpassed professional fame, either as a writer, lecturer, or practitioner of surgery, can receive no addition from any encomiums in my power to express; but in thus casually alluding to the subject at all, I could not say less of one, to whose liberal hospitality myself and numerous friends have so often and so extensively been indebted. His merits, indeed, could be only adequately expressed, by stating that they are equalled by the brilliant success which has finally crowned his intellectual and professional exertions. I presume that his income is surpassed by very few of his European competitors. The trustees of the Royal College of Surgeons have displayed their discrimination, and, at the same time, conferred a well-merited compliment on Mr. Lawrence, in choosing him as the principal director of that magnificent and unrivalled anatomical and physiological cabinet, which has grown out of Hunter's museum, a colossal monument of British taste and of British munificence, contemplated with sentiments of pride and

delight by every true votary of science, and which is admirably calculated to perpetuate the fame and hand down the name of its illustrious founder and enlightened directors to the latest posterity.

I have been examining, with great interest, at the College of Surgeons, a descriptive catalogue of the museum, preparing by Messrs. Clift and Owen; several volumes in quarto have already been published; they are illustrated with numerous plates, and would form a most valuable acquisition to our public libraries and scientific institutions. I hope you will recommend the purchase of a copy for the library of the Philadelphia Hospital. I presume there could be no difficulty in the American Philosophical Society and Academy of Natural Sciences of Philadelphia making an exchange, pro rata, for this invaluable contribution to physiology and anatomy.

In going the rounds, with Mr. Mayo, at the Middlesex Hospital, he showed us some cases of considerable interest; among them, cases of "Acute Anchylosis" of the knee-joint, distinguishable at first from common cases ending in anchylosis, in the inflammation and pain being unattended with swelling of the joint, and the disorganization and stiffness being completed in two or three months. Sir Benjamin Brodie has also noticed the same variety of disease, and I think both these surgeons have published their experience in the recent number of the *Medico-Chirurgical Transactions*.

I had the pleasure of meeting Sir Benjamin Brodie, and twelve other eminent members of the profession, including Carswell, Grant, Sharpey, &c., at the house of Professor B. Phillips—gentlemen whose scientific acquirements are far from being limited to their own immediate professions. Sir B. B. considers it easy to distinguish scrofulous from syphilitic caries of the bones ab origine, by the latter affection being always preceded by evident symptoms of pain and inflammation; whilst the first indication of strumous caries, is a small, hard, indolent, osseous tumor in different parts of the frame, notably in the metatarsal and metacarpal bones; and even at this early period of the disease, it is already too late for the successful operation of any remedies; no means can prevent, sooner or later, suppuration of the neighboring soft parts, and subsequent caries, which is not superficial, either, but is seated deep in the bone; hence, Mr. B. says, the disease must have originated in the medullary portion.

Saturday, January 19th.—Last evening we were delighted with Mr. Faraday's discourse, at the Royal Institution, on the physiology of the torpedo, gymnotics and silurus, as connected with electricity. He has recently been occupied in experimenting on a torpedo now living at the Gallery of Practical Science, Adelaide street. Mr. F. is a superlatively neat manipulator, and eloquent lecturer; he riveted the attention of a numerous and intellectual audience, including many distinguished foreigners, both of the scientific and diplomatic corps. We strike our tent and embark for Havre to-morrow. I hope soon to communicate with you from Paris.

Respectfully, yours, etc.

R. HARLAN.

[In a letter written previously, but not received till after the fore-

going, Dr. H. alludes to some interesting investigations by Mr. Owen into the structure of the teeth.]

December 31st.—In company with Mr. Van Buren, we visited, by invitation, Mr. Richard Owen, curator of the Royal College of Surgeons, at 6½ P. M., for the purpose of examining, with the microscope, numerous specimens of the teeth of various animals, recent and fossil, prepared by Mr. O. with the view of illustrating the intimate structure of these organs, in a memoir which he is now preparing for the *Philosophical Transactions*, London.

According to Mr. O.'s investigations, the human tooth consists of enamel, ivory, and the "*pars petrosa*," or cement; or, of a central pillar of ivory, covered by enamel on the crown and body, and with cement around the root and cervix. The structure of the ivory is essentially tubular, consisting of animal cylinders or tubes proceeding from the central cavity transversely to the axis of the tooth, to the sides, and perpendicularly to the crown, so as to oppose their distal extremities to the points of greatest pressure: these tubes he names "calcigerous," as they are found to contain the earthy part of the tooth; they are occasionally observed to extend beyond the line of juncture of the ivory with the enamel, as if for the purpose of increasing the attachment between the two surfaces, but are generally received, and are lost in the body of the ivory; each of these tubes is separated from its neighbor by a space greater than its own diameter, which space is filled by lateral tubes of a similar nature, and terminating in cells. The tubular structure of this ivory, Mr. O. is well aware, was not only known, but adequately illustrated, by *Lewenhœck*. These calcigerous tubes do not run in a straight line, but their general tendency is a curvature upwards, and, in addition to which, each line or tube is distinctly waved in itself. These facts Mr. O. lucidly illustrated in numerous prepared specimens from the teeth of the human subject, those of the shark, both fossil and recent, the horse, the fossil *ichthyosaurus*, *iguanodon*, the elephant, the *megatherium*, *dinotherium*, several fishes fossil and recent, and others equally instructive.

Mr. O. further illustrated his subject, by referring to the pathology of these organs; he had examined numerous decayed teeth, in every instance of which the caries had commenced in the space or position beneath the enamel, between it and the ivory, and had extended itself towards the central cavity in the direction of the calcigerous tubes, a phenomenon by no means explicable by the usually received notions of the laminated structure of the teeth. The original cause of decay in these cases, Mr. O. refers to the generation of an acid, or, at least, of a fluid which soon becomes acid, between the enamel and the ivory.

Mr. O. next proceeded to illustrate the structure of enamel, by means of the same excellent microscope of *Pritchard*; this striated structure is of a crystalline texture, the striæ consisting of hexahedral prisms, always arranged at right angles with the superficies, a disposition which offers the greatest resistance to friction; these striæ differ in color and density from the ivory.

The "*pars petrosa*," or cement, is always *tubular* in structure, ap-

pearing under the microscope as lines interspersed with minute black dots, or corpuscles ; these tubes he denominates "*medulliferous*," inasmuch as they carry marrow ; and in most other respects, this cement resembles ordinary bone in structure and composition. Another important discovery due to the researches of Mr. O., is the peculiar structure of the teeth of the megatherium ; these were formerly described by Cuvier as pillars of bone surrounded and traversed by enamel. Mr. O. demonstrates that portion of these teeth usually considered as enamel, to consist of a finer and denser kind of ivory ; the body of these teeth consists, therefore, of common ivory, traversed by transverse ridges of denser ivory, and surrounded by cement, or *pars petrosa*. In all cases these interesting and novel facts were abundantly illustrated by numerous objects, both of human and comparative anatomy, and bore ample testimony to the acumen and laborious research of the experimenter, and of the important results to physiology to be derived from investigations of comparative anatomy, and which reflect on our neglect at home of this indispensable department of experimental philosophy. You will find a notice of these admirable investigations of Mr. Owen, in the account of the last meeting of the "British Association" at Newcastle, published in the London Athenæum, which will be completed "in extenso" in the forthcoming volumes of the "Transactions of the Royal Society." The "Memoirs" will appear in Decades, and be beautifully illustrated.

We were further impressed by a most curious fact connected with these interesting microscopic investigations of Mr. O., viz., that the different *species* of animals were shown to be recognizable by specific arrangements of their dental structure !

DR. BUGARD'S TREATISE ON GENERATION.

[Continued from page 59.]

BEFORE considering, in detail, the different changes that take place at the moment of fecundation and during pregnancy, both in the uterus and in the other organs which perform some function in the act of generation, I shall endeavor to describe the result of that act, considered at the time of labor.

The abdomen then presents a large tumor, nearly round, the circumference of which reaches the epigastrium and the pubis ; the opening of the vulva, the lips of which are very much thickened, is much longer than before fecundation. The mammæ are swollen and filled with milk. The uterus contains the fœtus ; the liquor amnii, in which the fœtus is suspended by the umbilical cord ; the amnion, which contains the liquor amnii and the fœtus ; the decidua propria and reflexa ; and the placenta, which generally adheres to the bottom of the uterus, and which is connected with the embryo or fœtus by the umbilical cord.

The placenta is divided into two parts ; the maternal, or that which is in contact with the uterus, and the fœtal, or that which is on the side of the fœtus, and into which the umbilical cord is implanted. The division of these two parts is perfect, as it is impossible, without lacera-

tion, to force from the one to the other the finest or most penetrating injection. The function of this organ seems to be to prepare the necessary fluids for the nutrition and growth of the fœtus.

The liquor amnii seems to serve only to protect the fœtus against the immediate pressure of the neighboring organs.

The decidua propria and reflexa seem to be destined, as pregnancy advances, to assist the amnion to hold its contents till the time of labor.

Such are the objects produced during pregnancy. When and how their growth commences and takes place, are the subjects of the following observations.

Fecundation, as I have already observed, is produced by the contact of the sperm with the vesicle which is to be fecundated. But the narrow and crooked passage through which that fluid has to pass to reach the vesicular glands, has appeared so great a difficulty that many physiologists have thought the passage was impossible. But to me it appears to be as easy as it is natural, if the following theory be true in all its particulars. During the act of coition the seminal fluid is emitted and deposited in the vagina. At the same instant, or soon after, the orgasm of the sexual parts of the female takes place. I fancy that orgasm consists in several successive dilatations and contractions of the uterus, which produce the effect of a pump; that is, when that organ dilates, it sucks in the spermatic fluid deposited in the vagina and forces it into one of the Fallopian tubes, or both, when it contracts; the contraction commencing at the mouth, and being gradually but quickly exerted towards the fundus. By the effect of that same orgasm, the Fallopian tube surrounds, with its fringy extremity, the vesicular gland, presses it as a hand would do, detaches thus from it the fecundated vesicle, which, by a gradual pressure, it pushes through its length, with the sperm that it contains, until it reaches the interior of the uterus.

This theory explains the possibility of fecundation without introducing the penis into the vagina, provided the spermatic fluid can penetrate into that passage, and its communication with the uterus and the vesicular glands be not perfectly intercepted. The principle upon which it is established, is that which is recognized by philosophers, and thus expressed, *natura horret vacuum*.

But how and when does the development of what constitutes the contents of the uterus at the time of labor, commence? To explain this more intelligibly, it is necessary to examine the composition of the vesicle before fecundation.

If it be true that any germ or seed contains the principle of that which it is to produce, together with the necessary apparatus for its development and growth, and this no one will deny; and if the vesicle is submitted to that universal and recognized law of nature, and why should it not be? I have no doubt that if the eye of the observer were sufficiently penetrating, he would find within its membrane the rudiments of the foetal part of the placenta, the umbilical cord, the embryo, with at least the heart, together with arteries and veins containing the principle of the blood, nerves and aqua amnii; the rudiments of the placenta being

constituted by the capillary extremities of the arteries and veins of the umbilical cord, and perhaps of some nerves, and placed at the point by which the vesicle, before being fecundated, is attached to the vesicular gland; the umbilical cord being the prolongation of the rudiments of the placenta, and reaching to the heart of the embryo, which I consider as the fundamental part, as the organ which, through the blood, provides for the formation, nutrition and growth of all the other parts. But it may be asked, since the vesicle contains all that is required for the formation of the fœtus, why is fecundation necessary? It is to impart to it a principle which it has not before that operation, the principle of a life which is to become independent. Mysterious principle! as difficult to understand as the source from which it springs. That principle is a spiritual principle, which escapes our senses, but its presence is easily recognized, since it may be asserted that it consists in that condition the absence of which constitutes death, and the presence of which constitutes life; which condition is no other than the motion executed by the circulation of the sap in the vegetable kingdom, and of the blood in the animal. So that the vesicle may be considered as containing all the material principles of man or woman, requiring only for their development to be put in motion, wanting only the presence of that spiritual principle of life which is imparted by man. Thus the vesicle may be compared to a complete piece of machinery whose parts are perfectly made and set together, and which remains in repose until some power puts it in action.

From this I conclude that the great work of gestation or pregnancy, or, in other words, the development of the contents of the vesicle, commences at the very moment of fecundation, when motion or circulation is established.

Of Pregnancy.—The time that the fecundated vesicle takes in passing through the Fallopian tube is not exactly ascertained. However, from a case related in Dr. Dunglison's *Treatise on Physiology*, 2d vol., page 327, it appears that about seven days are necessary. When the shortness of the distance it has to travel is considered, one is tempted to wonder why it does not arrive sooner at its destination. But as nature is never without an object, even in her most trifling operations, the astonishment ceases when, after having followed her to discover the secret, it is found in this case that it was necessary to make in the uterus preparations for the reception of the important being to which it is to become a home; and it is during the time of that passage that a membrane, the decidua, is formed in that organ, and lines every part of it. The functions of that membrane seem to be, 1st, to present an obstacle to the vesicle that it may not fall on the mouth or neck of the uterus; 2d, to direct it towards the centre of that organ; 3d, to serve as a soft and elastic bed during the first part of its abode in its new lodging; 4th and finally, to assist the amnion in holding its contents, the whole of which, I suppose, takes place in the following manner.

The vesicle being obliged to pass through a tube of a diameter much smaller than its own, necessarily takes an elongated form, and as soon as it enters the cavity of the uterus, it pushes the decidua until the whole of its length is lodged in the same cavity; the decidua being thus

pushed, gradually and equally detaches itself from all sides, and folds within itself, so that the point of pressure is naturally directed towards the centre of the space which it lines; and, by one of those wise provisions of nature, the length of the vesicle, in its now elongated form, is such that when its anterior extremity reaches the middle of the cavity of the uterus, the other is in contact with the orifice of the Fallopian tube, where, being no longer urged forward, it stops and adheres, provided no accident or violent concussion changes its situation.

Of the Placenta.—The sperm, in fecundating the vesicle, surrounds it; but in passing through the narrow aperture of the Fallopian tube it is mostly collected together, and forms a kind of small mass at its posterior extremity, where without doubt it performs two important objects, first, that of preventing the contents of the vesicle from escaping from its membrane, during the pressure which it is obliged to bear, and then to present to the capillary extremities of the vessels of the umbilical cord a substance in which they may develop themselves, and take, at least during the passage of the tube, the fluids that must be provided for the beginning of the development of the principles which it contains.

As soon as it arrives in the uterus this little mass stops, and, by means of the mucous part, which renders it viscous and sticky, lies close to the fundus of that organ, where it has been urged by the gradual pressure of the Fallopian tube, the circular fibres of which extend to that place, and there it forms the beginning of the maternal side of the placenta. The vesicle is soon covered with flocculi, a particular kind of filaments, which I consider as being produced by the organic particles of the seminal fluid. These flocculi seem to be the organs by which nourishment is absorbed and prepared to be transmitted to the interior of the vesicle, for the development of its contents; but when they have exhausted the sources from which they at first derived that nourishment, they turn towards the fundus of the uterus, where their course is directed by the kind of sheath which is formed by the decidua reflexa, and, confounding themselves with the beginning of the maternal part of the placenta already formed, complete that organ, which sucks or absorbs from the uterus the necessary blood for its own growth, and transmits whatever is necessary to the foetal part, where it is absorbed by the capillary extremities of the vein of the umbilical cord, to carry it to the heart of the embryo, which, after having used all that is necessary, sends the remainder to the foetal part of the placenta, by the umbilical arteries, that it may provide for the growth of that part. The blood which is not consumed by that part, mingles with that provided by the maternal side, and is again absorbed by the capillaries of the veins of the cord, and carried to the heart with a new supply, in the same manner as in the adult the blood of the capillary extremities of the arteries passes into the capillary extremities of the veins, mingled with the different substances which are introduced into the circulation by the absorbing vessels. So that the maternal part of the placenta may be considered as a large absorbent, which, with a great many mouths, draws from the mother and transmits to the foetal part the necessary substances for the nutrition and growth of the foetus and the accessory organs.

[To be continued.]

THE LATE DR. HOLYOKE.

To the Editor of the Boston Medical and Surgical Journal.

SIR—It is a received maxim that a story loses nothing by being repeated; and as I observe, from a remark in your last Journal, that a statement contained in my answers to the questions I was obliged to reply to, before the Committee of the Legislature, is in danger of sharing the fate of the celebrated story of the three black crows, I request the favor of your columns to state a few facts which may prove interesting to your readers, and serve to dispel the misconception and misconstruction which have attached themselves to my evidence.

The late venerable Dr. Holyoke, whose case has been alluded to, was an almost miraculous instance of a temperament and constitution to which error in physical habits is more difficult than the opposite is to those of most men. The exercise of habitual prudence and the avoidance of every excess, to him a most easy task, lengthened out his days to a century and over. It was natural, therefore, for his acquaintance to inquire into his habits of eating and drinking, as illustrative of the causes of his longevity. He gave a minute account of these habits, with his usual ingenuousness; and in this account stated that he had, for 40 or 50 years, made use of a drink which he estimated to be about the strength of cider, and which contained one part in six or eight of West India rum. Of this he took a moderate portion with his dinner, and sipped moderately with his pipe in the evening, never exceeding a pint of the mixture daily—for the most part, half the quantity. This is the account given in a letter written by my venerable friend after he had reached his 100th year; and if any person deduces from it an inference unfavorable to his sobriety and strict temperance, I cannot join him, although I admit that the example would not be a safe one to follow, since few men are constituted like Dr. Holyoke in being able to preserve entire moderation in the use of such a beverage, and never to require, during half a century's use, to augment the strength of so moderate a stimulus.

Now is any man prepared to say that this practice would create a scirrhus stomach? Surely I am not, nor have I ever given occasion for such an inference. But since the diseased alterations of every organ must have a cause connected with the exercise of the function of that organ, who would declare on oath that it was not possible that there was some connection between the morbid tissues discovered after death and the peculiar diet of the individual? And when this peculiar diet is insisted upon as the *cause* of extraordinary longevity, is it not perfectly fair to raise the objection that a scirrhus stomach was the cause of death, and that all active stimulants tend to impair the healthy state of that organ? For my own part, I have not subscribed my faith to Homœopathy, and the operation of infinitesimal doses, nor to the ultra temperance principle that minute quantities of morbid poisons will work mischief in the human system to an indefinite period. A man may take poison and not be poisoned; the prussic acid in a peach leaf or bitter almond may be made to flavor a custard with as little danger as rose water.

And now, if your correspondent wishes my answer to his question, I

reply, that having long been acquainted with the Doctor's family, and knowing that his daily use of alcohol was even less than the trivial amount his language expresses, and that his general health and constitution were capable of resisting successfully the attacks of noxious principles beyond those of most individuals, I have no suspicion that his use of alcohol shortened his days. I believe that in the evidence which I gave at considerable length on this subject, I was clearly understood, and but for the party spirit which seems to have attached itself to legislation on temperance, and in which, as a professional man, I have no desire to be involved, explanation would have been unnecessary. It is proper, also, that your readers should know, that the indelicacy of bringing Dr. Holyoke's name and his domestic habits before the public in this connection, does not rest with me or the counsel for supporting the present license law, but with the counsel for its repeal.

With regard to the opinion which I gave, and which has excited so much astonishment, that the death of my venerable friend, at 100 years and 7 months, was not from old age, but the result of disease, let it be tested by the facts, and when these are stated, your readers can form opinions for themselves. Dr. Holyoke had passed his 100th birth-day in his usual good health. His hearing and memory were defective. His other mental and physical faculties were better than those of the average of persons thirty years younger. He could walk several miles with ease, enjoyed the company and conversation of his friends, kept up his acquaintance with national politics, municipal affairs and professional knowledge; read French, Latin and English books with his usual facility, and without the aid of glasses, even for small print, and was as free from the helplessness of dotage and senility as most men of 70. He seemed a sort of evergreen, and it was a delightful privilege to pass an hour in his company. About four months before his death he was attacked with pain in the region of his stomach; this continued till he was confined to his bed. A fortnight before his death he had gangrene of one of his extremities. He retained his senses till within a few days of his death, which occurred on the 31st of March, 1829. His body was carefully examined, in presence of a number of physicians. The report of the autopsy was published in the memoir of his life, and in the 31st number of the New York Med. and Phys. Journal, for October, 1829, to which I refer for minute particulars.

The thorax was capacious and beautifully symmetrical; the whole substance of the lungs free from any morbid changes of importance; the heart was of proper size, not encumbered with fat, and of organization almost absolutely unimpaired, so as to cause the remark, amongst those who were present, that we saw no reason why it might not have lasted him another century, if his other organs had held out. The brain exhibited no changes which had any probable influence in determining his life. The stomach was contracted about the middle by a scirrhus band of considerable thickness, and including a third of its extent. The contraction was so great that the stomach was completely divided into two sacs, and the passage between them would hardly admit a finger. About the middle of the great curvature was a superficial ulcer, of an inch in extent.

The rest of the alimentary canal exhibited changes of more recent date, apparently the consequences of the primary disease of the stomach. The kidneys, ureters, bladder and prostate, so commonly altered by age, were for the most part unaltered. I am persuaded that few men of fifty could have been found, who would have exhibited the heart and other organs, usually altered by age, in so perfect a state as the subject of these remarks.

Does not this dissection tend to justify the remark of Sir Anthony Carlisle, that most aged persons die of actual disease in organs not worn out by the length of time they have been performing their functions? And do not the facts I have now stated sustain the correctness of my opinion, that *disease*, and not old age, terminated the life of the patriarch of our profession?

With much regard, your friend,

Salem, March 7, 1839.

A. L. PEIRSON.

CREOSOTE.—A correspondent writes—"The application of creosote in one instance has most certainly expelled the tooth-ache entirely, and doubtless destroyed the sensibility of the nerve." An English physician has used creosote for various forms of irritation of the bowels and stomach, in doses of from one to two minims with 3j. of mucilage and 3ix. of water, repeated in three, four or five hours.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. Feby.	THERM.				BAROMETER.				Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	L.	T.	P.	S.	L.	T.	P.	S.			
1 Frid.	16	26	26		29.50	29.40	29.40		N	Cloudy	Snow, commenced at 4 P. M. 2 inch.
2 Satur.	22	24	22		9.30	29.24	29.21		N W	Flying Clouds	[of snow fell.
3 Sun.	15	28	31		29.08	28.99	29.00		S W	Clear	Windy, damp and chilly.
4 Mon.	28	28	24		29.16	29.24	29.28		N W	Flying Clouds	High wind, squally.
5 Tues.	7	16	15		29.41	29.39	29.40		N W	Squally	
6 Wed.	6	14	12		29.40	29.42	29.45		W	Squally	High wind, squally, and very cold.
7 Thur.	3	19	19		29.66	29.63	29.59		S W	Cloudy	
8 Frid.	30	47	46		29.30	29.26	29.24		S W	Clear	Storm of rain in the night.
9 Satur.	36	30	20		29.11	29.31	29.44		N E	Cloudy	Snow fell 1 1-2 inch. Even. clear &
10 Sun.	4	23	26		29.64	29.65	29.60		N W	Clear	[pleasant.
11 Mon.	18	31	28		29.45	29.37	29.40		N	Cloudy	Evening, light snow.
12 Tues.	18	28	28		29.63	29.70	29.70		N W	Clear	Evening, very pleasant.
13 Wed.	20	38	40		29.69	29.65	29.65		S	Clear	
14 Thur.	26	36	36		29.56	29.55	29.56		S E	Cloudy	Evening, misty, with some snow.
15 Frid.	33	38	38		29.53	29.53	29.52		S E	Cloudy	Evening, rainy.
16 Satur.	32	45	42		29.52	29.52	29.51		E	Flying Clouds	
17 Sun.	35	46	35		29.45	29.42	29.42		N E	Foggy	Evening, snow storm, 1 1-2 inch fell.
18 Mon.	29	37	34		29.43	29.43	29.49		N E	Cloudy	
19 Tues.	21	36	38		29.60	29.61	29.60		N W	Clear	
20 Wed.	33	40	42		29.50	29.51	29.52		N	Cloudy	Thaw, quite muddy.
21 Thur.	32	41	37		29.62	29.65	29.64		N	Cloudy	Evening, snow fell 3 inches.
22 Frid.	36	40	37		29.65	29.67	29.66		N E	Misty	Evening, rain.
23 Satur.	35	37	36		29.59	29.60	29.62		N W	Flying Clouds	Muddy.
24 Sun.	34	42	44		29.70	29.72	29.71		N	Hazy	
25 Mon.	36	41	39		29.51	29.22	29.18		S E	Rain	Evening, clear and pleasant.
26 Tues.	34	44	38		29.28	29.25	29.16		S E	Cloudy	Evening, rainy.
27 Wed.	34	41	41		28.73	28.90	28.90		N E	Cloudy	
28 Thur.	32	49	45		28.96	28.95	28.87		S W	Clear	Evening, light snow.

SUMMARY.—The month of February has been unusually mild, the thermometer not having once fallen to zero. The extremes of the thermometer have been 3° above zero, and 49. The month has been damp and cloudy; but little snow or rain has fallen. The extremes of the barometer have been 28.73 and 29.73. Snow has fallen from 6 to 8 inches only. The termination of the month exhibits all the appearance of spring.—Diseases at the hospital have been, pneumonia, scarlatina, erysipelas and catarrh; none fatal.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 13, 1839.

DR. FLINT'S ADDRESS.

It would have been gratifying to have made earlier mention of this elaborate production of our old friend and neighbor. It is a closely printed pamphlet of thirty-one pages, and was delivered to the students of the Louisville Medical Institute at the opening of the lecture term in November last, and instead of being too long, is altogether too short for one who wishes to know more of the institutions of Europe, to an account of which a large portion of it is devoted. The doctor was there but a little time since, and he speaks, like one under no obligations, of all he saw or heard in the wards of hospitals, and the theatres of the surgeons. Our object, primarily, is to allow the professor to speak for himself, in paragraph, which is all the room we can afford him to-day.

"*Hygiea* was the daughter of *Æsculapius*, and succeeded to a large share of the veneration which, in all parts of the pagan world, was paid to that—probably fabulous—God and Father of Physic.

"She is represented as a beautiful female of perfect symmetry and development, in chaste attire, and modest mien, crowned with a wreath of medicinal herbs and flowers. Her right arm is raised, and entwined with a serpent—the emblem of her father's house, and of the universality of his art—which is gracefully extending its head towards a cup supported in her left.

"Under this attractive form, the art of preserving health was cultivated, at Greece, as a religious duty—its exercises furnishing a counter-acting influence to that luxury and effeminacy which were the besetting sins of her citizens, and contributing to maintain that rare combination of grace and vigor, which was the physical characteristic of that beautiful people.

"Similar considerations relating to physical development and power, brought Hygiene into favor in Rome at an early period, when its associate department of medicine was rather contemned than respected by that rude and disease-defying people.

"Even at the time of the expulsion of the rational practitioners of the healing art from the city, we may discover the rudiments of that system of public hygiene, which continued to be a conspicuous element in the arrangements of Roman society, during all the political revolutions of the nation. Accordingly we find *Hygiea* among the earliest of the Grecian deities, domesticated at Rome; and a mythological fable of those times, represents her influence to have been so great as to provoke the jealousy of Pluto, and excite apprehensions of the depopulation of his ghostly domain.

"Although the moderns have deserted her temple and disowned her divinity, the service of *Hygiea* remains among the humane institutions of Christian civilization—its processes improved by the genius and science of those who have successively employed them, and its sphere of action extended to meet the exigencies of progressive society."

But this is not the kind of specimen to be shown to the reader. Still it

exhibits the doctor's notions of the importance of hygiene. Skipping over many pages of instructive matter, we find him crouching for a spring upon the medical institutions of Paris, which deserve all that has been so freely and fearlessly said of them.

"Generalizing extremely the expression of my objections, I should say that 'the School' is weakened by the excessive elaborateness of its organization, and burdened by the multitude and detail of its lectures*—that anatomical instruction, both normal and pathological, is too deeply tinctured with transcendentalism—and that the practice in the hospitals is vitiated by a servile adherence to antiquated rules, or a spirit of rash, unjustifiable experiment in the present practitioners. In one or other of these two extremes, you may arrange all you can see of medical or surgical treatment in the general hospitals of Paris—the *juste milieu*, so much talked of by their politicians, has no place in the counsels of their physicians.

"I was exceedingly surprised to find how little of sound, rational, curative information could be gathered from the lessons and example of the hospital practitioners in their vaunted clinics, additional to what a respectable graduate of good American schools will possess before leaving home.

"In surgery, with the exception of a few specialities, they do not seem to have improved on the practice of Ambrose Paré, and exhibit but little of the independent, patient spirit of progress which distinguished that great man. Certainly they cannot be said to have entered on the epoch of John Hunter; and although the labors and accomplishments of their own Bichat are admired and praised, and his portrait honored with a place in the Hotel Dieu, I could not perceive that the inmates of that institution were realizing, from the application of his principles to the treatment of disease, anything like the advantages they have secured to the sick, even on this distant continent.

"The French practise surgery too etymologically, if I may so speak, as if it were a mere handicraft or species of trade. They put on their aprons and go to work, for all the world like so many barbers or bakers, emulating each other in the elaborateness of their dressings, burdening and tormenting diseased and wounded parts, *more canonico*, with that same system of absurd appliances, so admirably criticised by Mr. J. Bell, in his chapter on adhesion. The barbarous cautery is still in too much favor with the Parisian surgeon, and most of the old-fashioned notions respecting suppuration, digestion, &c., with the painful appliances they indicate, appear to be a part of the orthodox surgery of Parisian hospitals. Not that novelties are unknown there—but modifications of practice, to be attractive to them, must be extravagant, ultra, or even fantastical. They entertain, with enthusiasm, a plan for curing *Fistula Lachrymalis*, by obliterating the puncta, for healing amputated stumps by enclosing them in wooden ovens, or for retaining the fragments of a shattered limb in comfortable and sanative contiguity, by crushing them in the rolls of a tightly applied bandage. It was not a little amusing, indeed, to observe the last-named conceit, after having run the gauntlet of rational surgery, from the valley of the Seine to that of the Mississippi, returned to the place of its origin, and figuring among the novelties of La Pitié. And there it belongs—in a French hospital, where neither fatality nor any less mischie-

* In one respect, however, the routine of instruction is on a better plan than that which is pursued among us—there are but three lectures a day at 'the School,' during the term, and no one professor lectures oftener than three times a week.

vous consequence seems a valid objection to any scheme or proceeding, by which a practitioner can acquire a temporary notoriety, in contrast with his competitors and rivals."

"To these disparaging views of general surgery, there are admirable exceptions presented in the practice of gentlemen who have devoted themselves to particular departments of the art. Among these is M. Ricord, who, carrying into his ample field of observation, an enlightened sense of our deficiencies and desiderata in that class of diseases, has established discriminating views and sound rules of practice, which, so far as ends can justify the use of means of equivocal propriety, extenuate, at least, the means—some of them of doubtful morality—which he has employed in their attainment.

"A similar commendation is due to MM. Civiale and Leroy."

A multitude of claims, from other sources, quite forbid a more enlarged notice, or a greater number of extracts. A free circulation of the pamphlet will have an excellent influence on the prosperity of the Louisville school, and certainly afford the friends of science much pleasure and permanent satisfaction.

Asylums for Inebriates.—A pamphlet of thirty-eight octavo pages, containing 18 essays on the importance of establishing asylums for drunkards, is now before the public. It was written by Dr. Woodward, of the Worcester Insane Hospital, and merits a careful perusal. It seems, by the preface, that the articles were published five years ago, in the Boston Mercantile Journal, and at the solicitation of the friends of the temperance reformation (a great and good work, which, for the honor of the age, we fervently hope will be sustained all over the habitable globe) they have been embodied in their present connected form, for convenient circulation. The author, who is a philanthropist as well as an experienced physician, in reference to the creation of institutions for the express residence of inebriates, speaks thus—"The writer may say, without ostentation, that his advantages for ascertaining the results of confinement and entire abstinence from intoxicating drinks for a long period, have been rare and unusual, having now been connected for twelve successive years with *two* institutions, in which numerous individuals, amounting to many hundreds, were confined, who by intemperance had become insane, or who had perpetrated crimes which rendered confinement necessary. The result of this experience has been the fullest conviction, that a large proportion of the intemperate, in a well-conducted institution, would be radically cured, and would again go into society with health re-established, diseased appetites removed, with principles of temperance well grounded and thoroughly understood, so that they would be afterwards safe and sober men." The subject is surely one of vast importance to the community, and therefore the publication commends itself to every reflecting mind. Unless the reformation does succeed, a house for the confinement of insane drunkards will ultimately be as necessary for many towns, as an almshouse for the poor.

Massachusetts General Hospital Annual Report.—This note is principally for the purpose of acknowledging the civility of Dr. Bell, from whom a copy of the report was kindly sent. As a statistical document it is important, and will doubtless be received, as those were which have pre-

ceded it, with satisfaction by the public. It is always gratifying to know how public charities are managed in the interior, which it is the object of these annual publications to explain. From January 1838, to January 1839, in the hospital in Boston, 380 patients were received; 174 were discharged well; 66 much relieved; 35 died; 3 eloped, and 48 were not relieved. The greatest number of patients in the house at any one time, 63. Expenses of the hospital for 1838, \$13,096 54. Connected with this is the McLean Asylum for the Insane, at Charlestown, an admirably conducted institution. The whole number of patients remaining in the asylum at the commencement of the year, was 86; and there were received during the year 1838, 138 persons, which gives a total of 224 who enjoyed the benefits of this excellent charity. The year's expenditure, including \$1,490 79 for a new building, was \$20,096 71. The manner in which the trustees manage the two, is deserving of the highest commendation. Beside being liberally disposed, and always ready to co-operate with those who propose judicious improvements, they are not forever interfering with the medical officers, which is the cause of so much ill temper, and operates so disastrously, in several of a kindred nature in neighboring cities.

Medical Miscellany.—A certain Mr. Gannel is doing wonders, in England, in the way of embalming birds, asses and men, in Little Windmillstreet Anatomical Theatre. He uses two liquids; one being injected into the arteries for preserving them, and the other simply resorted to for staying the putrefactive process while dissecting.—Mr. Streeter exhibited to the Westminster Medical Society, lately, the œsophagus of a patient which was contracted to the size of a crow-quill.—There has been a vulgar quarrel at the far-famed Salop Infirmary, England; Drs. Dugard and H. Johnson, and another Dr. Johnson, not agreeing in anything but vilifying each other's character, are all crying out to the Shrewsbury public for redress.—A strange fœtal malformation has been pictured by Bolton, of Lambeth, which is nothing more nor less than a prodigious pair of legs, without a head.—Dr. Marshall Hall's lectures on the nervous system are excellent, but too insufferably long. One of the last on the excito-motory system is minute to a fault, and has too much theory for its facts.—Muller's Elements of Physiology is out, in England, in three distinct parts.—Dr. Alexander Tweedie's Library of Medicine is preparing for publication.—Dr. William Turner has been elected chairman of the general committee of whig young men, in New York.—A woman who had been blind twelve years, suddenly received her sight, most unexpectedly, without having done anything to promote it.—Dr. Flint says, after speaking of the principal hospitals of Europe—"I must regard as the best hospital in all its essential attributes, that I have ever noticed, the Massachusetts General Hospital at Boston."—The Lunatic Asylum at Halle, is an old prison.—In Russia there are asylums for the insane, well conducted.—It seems by some old papers found in the State paper office, in Ireland, that lithotripsy was actually practised in that country one hundred and eighty years ago.

DEAD.—At Southborough, Mass., Dr. Joseph Bullard, 65.—At Louisville, Ky., Dr. Daniel Brent, 22.—At New Orleans, Richard Davidson, M.D., 57—a distinguished member of the profession.

Whole number of deaths in Boston for the week ending March 9, 34. Males, 12—females, 23.

Of consumption, 6—infantile, 2—croup, 2—typhous fever, 2—lung fever, 4—inflammation of the lungs, 2—teething, 1—scarlet fever, 6—hooping cough, 1—infantile, 2—intemperance, 1—abscess, 1—child-bed, 1—dropsy on the brain, 1—casualty, 1—inflammation of the brain, 1—stillborn, 1.

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—copy

• WILLIAM BROWN.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchess D'Orléans; Professors Volpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,

Office 4 Vesey Street, Astor House, New York.

A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10. Feb. 13—6m

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 18.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lycep

33 Prince St. corner of Salem St. Boston.

SETH W. FOWLE,

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MARCH 20, 1839.

No. 6.

THERAPEUTIC QUALITIES OF PRUSSIC ACID.

BY J. C. HALL, M.R.C.S.L.

THE lamented death of Mrs. Maclean has called the attention of the public to the merits of hydrocyanic acid as a therapeutical agent, and many have already imbibed the idea that prussic acid is a most dangerous poison, and perfectly useless in the treatment of disease. The London Times copied, recently, a long paragraph from the Edinburgh Courant, in which the writer observes, "It ought to be generally known that there are no diseases capable of being alleviated by prussic acid which may not be, with equal certainty, relieved by other and safer means. The patient, therefore, who uses it at his own risk, runs the most imminent hazard of his life; and the physician who prescribes it, *without the most cogent necessity*, does little *less than sport with the life of his patient*." The writer of these remarks has been twenty-two years in practice, during which period he has seen many thousand cases of all descriptions, and in all classes of society, and yet he has never once had occasion to prescribe prussic acid, having always accomplished the end he had in view by other means. He knows active practitioners, of still longer standing, who can make a similar statement; but he is *sorry to add that he knows much* YOUNGER MEN who employ it often and with *much too little caution*."

Now, sir, the writer makes a grave charge against the members of our profession. Happy man! he has treated "many thousand cases of all descriptions, and has always accomplished the end he had in view." Others, however, have not exercised the same skill, do not possess exactly the same chest of simples, and, therefore, with "too little caution," make use, frequently, of this valuable medicine; and I, for one, shall continue to use it, even at the risk of being accused of "sporting with the lives of my patients." Without being able to boast of "twenty-two years' experience," I may be allowed to mention the case of a young lady, who had for several days been unable to retain a particle of food upon her stomach; even fluids were immediately rejected; every means had been used by the medical gentleman who attended her, but in vain, and at his urgent request a physician was sent for. What was the remedy? R. Hydrocy. acid, two minims (Scheele's); orange syrup, thirty minims; water, one ounce; a draught every fourth or sixth hour; and I had the happiness of seeing my friend restored to health, the sickness ceasing after the exhibition of the second draught.

Nor is this a solitary case; only last week I saw it given in a similar case, though not so violent, with the best effect.

It has, however, justly been remarked, that some test ought to be enjoined to ascertain the strength of the acid employed. In the last edition of the "*Pharmacopœia Londinensis*" we have the *acidum hydrocyanicum dilutum*, which differs in strength from the preparation commonly used under the name of "Scheele's," and, therefore, in a remedy so important, as well as so powerful, a uniformity of strength ought to be preserved. Hydrocyanic acid consists of—

1 Nitrogen	= 1 by 44	= 14
2 Carbon	= 2 by 6	= 12
3 Hydrog.	= 1 by 1	= 1

27

The strength of any solution of this acid may, according to Dr. Ure, be ascertained by adding to 100 grains of the hydrocyanic acid small quantities of the peroxide of mercury, in fine powder, until it ceases to be dissolved. The weight of the peroxide dissolved, divided by four, gives the quantity of real acid present. The rationale is this: the equivalent of peroxide of mercury, 216, happens to be just eight times that of prussic acid, 27; therefore, as the prussiate of mercury consists of two proportions of prussic acid to one of base, it is evident that the quantities of acid and of base in the salt are in the ratio of one to four.

Let us now examine the compounds of this acid.—*Laurel water*: this is the distilled water of the leaves of a species of cherry, the *prunus laurocerasus* of Linnæus, a native of the coast of the Black Sea, although it is now very common in Europe, into which it was brought about the end of the sixteenth century. It belongs to the natural order *amygdalacæ*. The volatile oil residing in the leaves and kernels of the fruit is combined with hydrocyanic acid. The flowers, as well as the leaves, have the odor and taste of the bitter almond and the kernel of the peach, and communicate both, readily, to boiling milk, cream, diluted alcohol, and other substances, in which form they are used as condiments—very improperly, and by ignorant servants.

Oil of bitter Almonds.—The seed yielding the greatest quantity of combined hydrocyanic acid, is the bitter almond—the kernel of the fruit of the variety of *amara* of the *amygdalus communis*, a tree which is a native of Barbary and Syria, but is now cultivated in Europe. The poisonous influence of the oil of bitter almonds was known so early as the time of Dioscorides, who states that it was employed for killing wolves, but it was not known until a German chemist, Bohm, ascertained the fact, that this influence greatly depends on the presence of hydrocyanic acid. According to the experiments of MM. Henry and Plisson, the constituents of oil of bitter almonds are—

Carbon	- - - - -	74.40
Oxygen	- - - - -	11.79
Nitrogen	- - - - -	5.97

The powerful and poisonous effects of bitter almonds, eaten in large quantities, were observable at a very early period. Besides influencing

men, the volatile oil acts powerfully on quadrupeds, causing convulsions. The most remarkable instance of poisoning by laurel-water is that of Dr. Price, the alchemist, who, in 1782, poisoned himself with laurel-water a few days after repeating his experiment of converting mercury into gold. In cases of poisoning, it was remarked by Cullen as "a curious fact, that however instant its operation, no traces of inflammation were ever detected after death." But it was not till after hydrocyanic acid was ascertained by Bohm to be the active principle in laurel-water, that the cause of this was fully understood.

Strong Hydrocyanic Acid—that is, in its anhydrous state, is a powerful poison. A drop of it injected into the vein of a large dog produces instant death—quick in its effects as a flash of lightning, destroying the poor creature as quickly as a shock of the most powerful electrical battery; proving that it exerts its influence directly on the nervous sensibility, which it at once destroys, and not, as some have supposed, by being taken into the circulation. It affects all animals, from the worm to man. All who take it die; all are affected in the same manner; and even vegetables suffer in an equal degree. An instantaneous cessation of life takes place; yet the eyes remain open, appearing bright, animated, as though the vital spark had not forever fled from its tenement of clay. Yet, on opening the body, the heart may be observed to pulsate; as Magendie has remarked, "the animal may be dead with regard to its external functions, although still enjoying life through its nutritive faculties." I ought, however, to remark, that if the strong acid be employed, some difference takes place in the appearance of the eye, the extreme coldness caused by the evaporation rendering the cornea opaque when applied to it.

The public generally, however, are not aware that the medicinal acid differs from that fluid which is so justly dreaded, so justly regarded as a deadly poison. But are we, Sir, to give up the use of a remedy simply because, from its imprudent use, some few have fallen victims? Are we to abandon its exhibition because for "twenty-two years" a gentleman who will not "live and learn" has done without it? Are we no longer to use it because one of the most gifted of her sex was cut off by it? We might just as well give up the use of opium and its preparations, which is equally dangerous in unskilful hands. The drunkard, according to the doctrine of some, may be allowed to end his brief career amid the ravings of delirium tremens, because for "twenty-two years" some one has never seen a case, or seen a simple case get well without it, by laying the head upon a hop-pillow, and taking three drops of tincture of hyoscyamus three times a day.

I need not appeal to the members of our profession for proofs of the efficacy of prussic acid, as an external application in *prurigo*, inveterate psoriasis, and several other skin diseases attended with severe itching. They are well aware of the comfort it affords to the sufferer by allaying the severe itching and tingling by which they are attended. In chronic catarrh abundant examples have been afforded of its efficacy, which may be accounted for on the principle of allaying irritation, and thereby favoring a slower, and, consequently, a more healthy gastric secretion.

At least, such is the opinion of Dr. A. Todd Thomson, whose experience extends over a period of somewhat more than "twenty-two years." Dr. Elliotson has fully proved the advantages derived from the administration of this medicine in dyspepsia; and the relief which it affords in pyrosis (by allaying the irritation of the stomach) is too well known to require comment. "In hooping cough," says Dr. Thomson, "I regard it as the sheet-anchor of the practitioner, and I do not think I am stretching my praise of it too far in affirming that few cases of this disease would prove fatal were the hydrocyanic acid early resorted to, and judiciously administered."

At the same time it must not be forgotten that it is a powerful remedy—a medicine not to be played with; one which ought never to be taken except when prescribed by a medical man, and then the patient should never prepare the medicine himself; but of this I will say nothing. The fate of poor "L. E. L." speaks far more eloquently, far more conclusively, than any words which my pen can trace.—*Lon. Lancet.*

DR. BUGARD'S TREATISE ON GENERATION.

[Concluded from page 76.]

OF THE UMBILICAL CORD.—I consider the umbilical cord as a prolongation of the foetal part of the placenta. Its functions are described in the preceding article. It is generally composed of two arteries, which take their foetal origin in the internal iliac arteries; of a vein, and of cellular substance which holds these vessels together as in a sheath. It seems to be more or less twisted, and, to explain that circumstance, some physiologists, without considering how little importance should be attached to questions the solution of which can afford no practical advantage, have imagined that the foetus turns in the uterus, and that the cord is more or less twisted, according to the number of turns that have been performed. But might it not be asked, why should the foetus turn? Why should it execute evolutions which appear, if not impossible, at least very difficult? I feel confident that, in fact, the umbilical cord is not twisted, and that the appearance it presents is produced by the arteries, which, in a spiral form, surround the vein; and I have no doubt that were the cord carefully dissected it would be found that the arteries are much longer than the vein. I am inclined to think so, also, from the fact that the external part, or sheath, formed by the cellular texture, is never twisted. But, it might be asked, why should the arteries have such a spiral form, whilst the vein must, according to such an arrangement, be comparatively straight? It is in accordance with a principle of the animal economy, which may be noticed in almost any part of the body, by which veins are generally more direct in their course than the arteries; the latter being crooked in order to moderate or check the force of the circulation caused by the direct pressure exerted by the propelling efforts of the heart—the former being straight, in order to facilitate the course of the same fluid, it being deprived of such a propelling agent.

Of the Membranes.—The membranes are two, or rather three, in number; the amnion, which even in the vesicular gland is the external part of the vesicle, and which encloses the liquor amnii, the umbilical cord, and the embryo, or fœtus; the vera or propria, and the reflexa decidua. But the latter may be considered as a duplicature of the decidua vera, folded over itself by the action of the vesicle on entering into the uterus and expanding according to the growth or development of that which it encloses.

Of the Liquor Amnii.—I think that the liquor amnii is a secretion of the amnion, solely destined to the protection of the fœtus, though some physiologists have thought that its use was to afford it a suitable nourishment. This I cannot believe, because I cannot understand how a nutritive substance can pass through the process of digestion without producing excrement, and I doubt whether any have ever been found in the cavity of the membrane in which the fœtus is enclosed.

Of the Fœtus.—The fœtus, which at birth generally weighs about seven pounds, is the only object of the process of gestation or pregnancy, all the other products, such as membranes, placenta, &c., being but auxiliaries to its growth. I shall not undertake to describe the gradual or successive development of the parts of which it is composed, but shall mention only what may be found in any writer on this subject, viz., that during the two first months of pregnancy its growth is hardly perceptible externally; but that at the third month it is such that the uterus fills up the cavity of the pelvis, and towards the fourth it ascends into the hypogastrium; towards the sixth month the fundus of that organ rises to the height of the umbilicus; towards the seventh a little higher, and towards the eighth it almost extends to the epigastrium, which it reaches towards the ninth, and soon the whole abdominal tumor falls down, and thus announces the near approach of labor or delivery.

The fœtus is not always perfect, and the different imperfections which it presents may be divided into three classes: the first comprising those whose imperfections can be noticed only on the skin; the second those whose imperfections consist in the want, the deformity, or the addition of some part or parts of the body; and the third those that present the connection, more or less perfect, of two beings united together by some part of the body.

As to the first, I have nothing to add to what has been written on the influence that the mind of the mother exerts or may exert upon the fœtus; I must only acknowledge that I believe that when a pregnant woman experiences strong and violent impressions, her nervous system may receive such a shock that it may be communicated to her offspring, who may receive a mark of the object that was the cause of her excitement.

As to the second, I think that they are the result of imperfections that exist in the rudiments of the embryo, in the vesicle, even before fecundation; except in some cases in which a limb or part of a limb is missing, which may be owing to the action of the cord, having operated like a ligature.

As to the third, I believe that, as there are eggs that contain two

yolks, and seeds that contain two kernels, there are vesicles that are double—that is, they contain the principles of two beings, and that those beings come into the world more or less perfect according as the principles from which they are derived are more or less distinct or separated in the vesicle; and that the parts which are confounded in it, are those which are common to both beings, or those that are not double. But, after all, what real advantage can be derived from the solution of such difficulties? Not any; since before delivery no one can tell whether the object that a woman carries within her is a well-formed fœtus or a monster.

I cannot leave this subject without mentioning a very important fact in physiology, viz., that a double being was never found presenting the two sexes; I mean that in case of union, a male and a female were never found together, but always two males or two females. This circumstance would be a convincing and irresistible argument in favor of the theory that teaches that each vesicular gland secretes the principles of only one sex; for were it not so, why could we not find, once in several thousand cases, that a male and a female are united together by some part of the body?

Although I am far from having exhausted my subject, since I should have said something of the signs of pregnancy, of the diseases which it causes, of the accidents to which it exposes, of the cares it requires, of the peculiarities that a well-formed fœtus presents, whether in its thymous and thyroid glands, in its lungs, circulation, fontanelles, renal capsules, &c.; of labor and lactation, yet I must conclude my dissertation. But will the ovists, whose maxim is *omne vivum ex ova*, pardon me for having used the names of vesicles and vesicular glands, instead of ova and ovaries? I doubt it. However, I hope that they will appreciate the reasons that I have given in support of my opinion on this subject. Should it not be so, I would almost feel disposed to offer them, as a term of conciliation, to give the name of ovum to what is contained in the uterus at the time of labor. Then its resemblance, or rather analogy, to an egg of a fowl, is less imperfect; since the amnion may represent the membrane of the egg; the decidua may represent the shell; the liquor amnii, the white; and the fœtus, the yolk. But what an effort is required to perceive that analogy! That which exists in the reproduction of plants and the human race is certainly much greater and more striking; for if we follow it through its progress, we may notice that the vesicle or seed, after having been fecundated, detaches itself from its capsule, where it leaves the pedicle (*corpus luteum*) which holds it in the capsule (vesicular gland), it falls or is carried to the place destined for it by nature; there it stops and attaches itself by its hylum, and strikes root. Its roots absorb the juices that are necessary for the development of the principles which it contains, and which circulation takes to the places where they are necessary. As soon as the roots (the placenta) have commenced their functions, the plant (the umbilical cord) grows, as well as the fruit (the fœtus) which it is to produce. That fruit, which at first is imperceptible, grows until it is ripe; and then the covering parts (the membranes) burst and open, and let fall

what they contain (the fœtus), which, like any other seed, is to serve, some day, in its turn, for the reproduction of its own species; and the poor plant that produced that new being, like any other annual plant, dies, falls, dries, and decomposes itself, to return to the first principles of matter whence it came.

MEDICAL ESSAYS.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING suggested to the reader certain prophylactic or preservative measures of a *negative* character, we shall now proceed to the consideration of such as may more appropriately be called *affirmative*; and the first will be *Exercise*.

We trust that our readers will relieve us at once from making any effort to show that *bodily exercise* of some sort is indispensable to the enjoyment of good health. There is one pre-requisite or important condition, however, in regard to bodily exercise, that may be said to constitute the sum and substance of all the benefit to be derived from it, and that is, it must be *habitual*. It is manifest that sudden and violent efforts of the body can scarcely fail of being injurious, even when there happens to be no displacement or disorganization of any vessel. Almost all kinds of manual labor, and the labors of agriculture, have a salutary tendency. Certain gymnastic exercises are healthful; but for want of proper management or system, these establishments in our own country, as yet, appear to be temporary, or unproductive of the benefit sought for. Of the two principal kinds of exercise, riding on horseback and walking, the latter, when habitually pursued, is supposed to have the preference. On hearing a youth solicit a kind father for a horse to ride, an elderly physician, who happened to be present, inquired of the young man for what purpose he wanted a horse, and to the reply, rejoined as follows. "Don't you know," said he, "that riding is being exercised, and that walking is exercising." This remark we have often had occasion to repeat with satisfaction to ourselves, and apparently so to others. In the advice given by medical men to invalids in regard to exercise on horseback, there is often too little stress laid upon the gait of the horse, the nature or character of the country ridden over, the distance of riding, and the weather. These are indispensable considerations. There is scarcely any portion of our country, in which a moderate and habitual walk, taken early in the day, or some other gentle and out-door exercise, in good weather, will fail of being healthful. It would seem that early rising, in order to fulfil its high and noble pretensions, should be accompanied, as far as practicable, with some out-door exercise. It is observed, however, that in the climate of the southern border of the Union, and in the warmer months, the practice of sitting by a fire early in the morning, is often found beneficial. We were acquainted with a man of plain manners, but good sense, living in the State of Mississippi, who was regularly in the habit of rising early in the warmer months, and sitting an hour or two by a comfortable

fire. It may be thought unreasonable to require servants or laborers to expose themselves to the morning dews; and yet we would not hesitate to make it a rule for every person to rise early, and in good weather take the morning air, and, if practicable, perform some out-door exercise or labor.

The benefit to be derived from walking is promoted very much by the motion of the arms. This is generally uniform, alternating with the motion of the lower limbs, and helping to preserve the principle of gravity. The motion of the arms and hands is more intimately concerned with the general circulation than some are aware. Hence we have occasionally employed the term *rotatory*, as expressive of a peculiar motion of the hands (both hands being rotated upon the wrist at the same time), which we have known performed with manifest and great advantage; and particularly, as it facilitates (by way of the circulation) the alvine discharge, and prevents the accumulation of foetid gas in the stomach and bowels. The theory of this exercise (if it may be called a theory) consists not only in the diffusion of more blood into a particular organ or tissue, but also in giving an additional and healthful velocity to the circulation. The circulation, from various causes, may become languid, and some local or general injury may be the consequence. It is the opinion of an eminent medical author, that when the circulation becomes languid, the nervous and lymphatic systems predominate of course. But more of this hereafter.

We shall now proceed to offer a few remarks upon the sitting and lying down postures. Many a student, as well as many an individual of a sedentary habit, finds his health materially injured by the posture of bending or leaning forward over a low table, and by that unnatural posture of the body that generally takes place in using leaf chairs. It is manifest, from the construction of the thorax or chest, that it will not admit of being compressed with safety. The posture of leaning forward upon a low table, must of course affect the circulation by way of pressure. We trust this remark will not be found inapplicable to the female sex, who, one would suppose, would experience a still greater injury, from any unnatural compression of the chest. The effect produced in this way, we have signified, is somewhat similar to that of wearing corsets; the very naming of which, is amply sufficient to excite an apprehension of evil. As the labors of women are generally performed within doors, and usually in a sitting posture, it would seem incumbent upon them all to avoid the evil alluded to. It is indeed wonderful to see how extensively this bad posture of sitting prevails among both sexes. We cannot tell precisely how this matter stands in France and England and other countries, but it is certainly a reproach to us Americans. It is said, by way of reflection upon this country, that an European gentleman seldom or never leans backward in his chair. But admitting that this posture is not altogether commendable, yet as it does in a good degree secure the erect position (which we contend for), it cannot be very injurious to health. As it is not within the scope of our design to particularize, we shall say nothing concerning the form of the chair, or upon the practice of sitting cross-legged or otherwise, provided the reader will duly reflect

upon the reasonableness as well as dignity of sitting in the erect position.

In regard to lying down for rest and the nature of beds generally, and the form of bedsteads among us, we would suggest a few thoughts. One would suppose that the temporary pleasure of lying upon a high feather bed and under a superabundance of bed-clothing, would yield at once to the consideration of health and comfort. Nothing is more manifest than that the recumbent posture of ninety-nine out of a hundred among us, is peculiarly unnatural and injurious. Many persons place themselves, body and limbs, in such a condition or posture as necessarily to produce a stoppage of the circulation, if not an irksome or painful state of the muscles. How often is this practice accompanied with broken rest, terrifying dreams, and consequent ill health. All beds of rest require but a moderate quantity of feathers; and, in our humble opinion, the bedstead should be a little elevated at the head, and which is properly represented by a gently inclined plane. The French people, many of them, make use of the matrass bed to much advantage, and we cannot but hope that our good citizens will follow the example, and become wiser in that particular, and consequently rest better, rise earlier, and become a more healthy and hardy race. There is good reason to promise ourselves much from the late invention of India-rubber beds, especially as they are well adapted to the comfort of the sick and convalescent. But as we have little experience in this matter, we say but little.

There is scarcely anything more essential to good health, than regular alvine evacuations. The extent of the alimentary canal, its relations and connections, as well as its peculiar structure, render it an important subject of consideration, both in health and sickness. We are not at all surprised that the celebrated Broussais should make it the ground work of his whole system. Its structure and position manifestly render it liable to great and constant derangement. Although we firmly believe, that in nine cases out of ten, proper diet and proper exercise will secure the healthy action and condition of this canal, or restore it from any derangement that may occur, yet the disposition and circumstances of many are such, that when obstructions or derangements occur in it, a resort to purgatives becomes advisable. All know and feel the evil of constipation, and few can fail to recognize its tendency to undermine the system. Accordingly we see one and another resorting to some means of removing the evil; and for want of proper knowledge and prudence, they often make use of the most violent and acrid purgatives. Purgatives are often given (especially by quacks) for no other purpose than to remove the hardened and offensive feces. "A knowledge how to regulate the alvine evacuations," says the immortal Hamilton, "constitutes much of the prophylactic part of medicine. It may be proper, on some occasions, to advise the patient to re-trace the footsteps by which he has deviated from simple nature; and to court pure air, moderate exercise, and simple diet. When this does not remove costiveness, and the ills which proceed from it, the interposition of purgatives will be necessary." "A purgative," says one, "is a medicine which operates more

powerfully on the bowels than a laxative ; stimulating the muscular, and exciting increased secretion from the mucous coat."

Much evil arises from an indiscriminate use of purgatives, and especially from the frequent use of those that are acrid and drastic. The empiric has one or two sovereign purgatives, and no matter how violent and acrid the stimulus ! All the virtue there is in his purgative lies in its sure and violent operation ! He will also, at the same time, present you with a pill that is *sure* in its operation, and so constructed (being altogether vegetable) as to be free from violence or inconvenience ! This is a specimen of logic somewhat of a piece with that which expels every fever by creating a fire that will burn out the sooner by an excess of stimulation ! The common mistake in regard to purgatives lies in not selecting that which is suited to the case, and not administering the proper quantity. A saline purgative is, doubtless, often to be preferred, but it is as important to regulate the dose of salts as any other dose. There is, perhaps, no one purgative, for and against which so much has been said and written, as *calomel*. Calomel, however, is proscribed forever by the empiric ! He calls it *rank poison*, and says it is sure to destroy both life and health. And we will grant that he is in this instance, and for once, deserving of some credit on the score of consistency. He is absolutely ignorant of the nature and proper operation of *calomel*, and therefore in his hands it becomes an *edged-tool*, which should never be in the hands of the *ignorant*, the *prejudiced*, or the *insane*. It is admitted by all wise and experienced physicians, that calomel should be used with great caution, and be followed at a proper time (except when given in very minute doses) with oil or some other purgative. The bowels of some persons require stronger purgatives than others ; and all we have to say is, that those persons should be doubly cautious in the use of them.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 20, 1839.

DISEASES OF FEMALES.*

DR. CHURCHILL is known to us, and to the readers of foreign medical periodicals, as the author of many excellent papers on midwifery subjects. In them he has shown himself a careful observer, and very able reporter of what comes before him. His offices of physician to a large lying-in charity, and of lecturer on midwifery in a medical school, have offered rare opportunities for observation, and a strong motive to make the very best use of them. Dr. Churchill has always shown in his writings that he has been faithful to his opportunities and duties ; and the student and the profession generally are now placed under new and greater obligation

* Outlines of the Principal Diseases of Females. Chiefly for the use of Students. By Fleetwood Churchill, M.D., &c. &c. Dublin: 1836.

to him for this extended and very useful work. The medical schools of Dublin have done a great deal for the profession. We rejoice that so much advantage has been taken, in that great city, of the abundant means furnished for medical observation, and for advancing the art. In midwifery a vast deal has been done. Who does not feel under deep obligation to the late Master of the Dublin Lying-in Hospital, for his excellent writings, and the present Master is faithfully carrying forward the labor of his predecessor.

We very much like the general plan of Dr. Churchill's work. It is divided into *text* and *notes*—the latter following directly below the former. The text contains matter of practical interest, what the student is to be prepared by for the exigencies of actual practice. The notes are philosophical criticisms of the contents, or doctrines in the text. They are very valuable. They contain, for the most part, opinions of others, more or less at variance with those of our author, and are given in their language. While, therefore, for general purposes, the volume may be well consulted in the text, we recommend to the student to study the notes with great care. He will so learn the value of what he has collected from the body of the work, and arrive at a juster estimate of its practical truth.

This volume contains two parts. The first part is devoted to the diseases of the external genitals. Part second, to the diseases of the internal genitals, the latter being broken into sections for the greater convenience of treating the diseases of particular organs. This part, with the exception of about twenty pages, fills the volume.

Dr. C. gives to his subjects the attention which their importance demands. Hence, though his book is a long one, it is truly practical. Look at his descriptions of disordered and diseased menstruation, states which require so much medical care, and which are so rarely wholly relieved. We have read all this with care and profit. Dr. C. describes three *forms* of menorrhagia. The third he thinks has not been before noticed. We extract the description.

"The *third form* differs considerably from the other two. The discharge is more profuse and its effects more severe; it is accompanied by marked alterations in the condition and relations of the uterus, occurs at a later period of life, and is more difficult to cure.

"The attack is not confined to any one kind of constitution or temperament; it occurs in the plethoric and in the debilitated, in the melancholic as well as in the sanguine. I have never seen it in a patient under 40 years of age, nor after the cessation of the catamenia.

"The attack is preceded for some time by irregularity of the menses, both as to time, quantity, and the duration of each period, with occasional uterine leucorrhœa during the intervals. It is not until the menses have flowed naturally for about 24 hours that the sanguineous discharge appears. Large clots are then expelled, in addition to a great increase in the fluid discharge. At first, the attack lasts 7 or 10 days only, but in cases of longer standing I have occasionally known it to continue throughout the interval, and terminate after the next period either gradually or suddenly.

"The quantity lost, varies, of course; it is sometimes very large; it was sufficient in one case to excite fears of a fatal result.

"The recumbent posture appears to have no effect upon the discharge, there being as much observed during the night as the day. Any exertion or long standing never fails to increase the amount.

"During the attack the patient complains of excessive exhaustion, of a sense of weight in the pelvis, of a dull pain there occasionally, and of weakness of the loins. In all the cases I have seen, there was considerable dysuria, especially after long standing; several, indeed, were obliged to lie down before they were able to evacuate the contents of the bladder completely.

"The general health, of course, suffers considerably; the appetite diminishes, the tongue is clean, though pale, the bowels become constipated, the surface blanched, and the strength much reduced.

"The pulse is occasionally quickened, but more generally quiet, and enfeebled in proportion to the loss of blood.

"An internal examination will detect the os uteri somewhat lower in the pelvis, and directed more towards the sacrum, than usual. It is rather more patulous than in a perfectly healthy subject, even at the time of menstruating, and the cervix is more or less swollen, especially anteriorly, where it expands into the body. It appears to be tilted forward by its increased weight, so as to press upon the bladder, thus affording a satisfactory explanation of a symptom (the dysuria) which I have noticed in every well-marked case of the disease. No increased heat is observed in the vaginal canal or about the cervix. The cervix and body of the uterus are generally, but not always, slightly tender on pressure. When the finger is withdrawn, it is found covered with a sanguinolent discharge somewhat thinner than blood, and devoid of smell.

"The amount of these changes will vary in different cases; in some, the cervix appears the part chiefly affected; whilst in others, the body of the womb, as far as the finger can reach, feels greatly swollen. The discharge seems to be always in exact proportion to the degree of uterine congestion."

We have seen this form of menorrhagia. We have known it in one case fatal, and in another it threatened life. The enlargement of the womb from retained clots was most striking in one case. It disappeared entirely. Cold astringent injections per vaginam were freely used in these cases, and without harm. Ergot, so much relied on in small doses by Dr. C., was not used in any of them.

Dr. C., in his chapters on *amenorrhœa*, says but little of a symptom of *amenorrhœa* which has been noticed in this city, and described by one of our ablest physicians. This symptom is *dysuria*. This belongs to that form of *amenorrhœa* which follows the sudden suppression of the catamenia by wetting the feet, &c. Along with this symptom is frequently associated another, circumscribed severe soreness and pain in the abdomen, somewhere in a line drawn from the umbilicus to the spine of the left ilium, and lastly, sudden discharges of pus from the vagina. We cannot but think our author must have met with this assemblage of symptoms in the form of *amenorrhœa* referred to. Yet he speaks of it as a rare occurrence. We only add that the disease we allude to thus briefly, is most painful, and most lasting.

We thank our friend in New York for this presentation copy of Dr. Churchill's work, a reprint of which could hardly fail to be acceptable in this country. We might name others eminently worth publishing here—such are Montgomery on the Signs of Pregnancy, if accompanied by the plates—all Ingleby's midwifery writings—Kennedy's and Robertson's. These would form highly valuable additions to our midwifery literature, and could not fail to be widely purchased.

Monograph of the Ligneous Plants indigenous to Ohio.—Professor Riddell, a pattern of scientific industry, patience and learning combined, has completed an analytical table, which, to the botanist in that region, must be exceedingly valuable. He says the arrangement which he has adopted depends solely upon the diverse forms and characters of the leaves. "Having, for instance, the foliage of some wild woody vine before us, we first," says the professor, "see whether one or more leaves are attached to the same foot-stalk. If but one, the vine falls in Division I. Example—Div. I., leaves simple. Class I., leaves entire on the margin." "We then examine the margin of the leaf and find it notched, perhaps. This circumstance throws it into the 2d class, and being a vine, it necessarily belongs to the 12th section." Not being very conversant with botanical pursuits, we are incapable of appreciating the labors of this indefatigable man in the particular department to which he is now calling the attention of the public; but in other branches of natural science, he has given such repeated evidences of high attainments, that we have a proud satisfaction in referring to his achievements. A number of years appear to have been devoted to perfecting his new method of classifying plants and testing its correctness, which the ingenious author fully believes will facilitate and simplify the delightful study of botany.

Northern Dispensary of New York.—A correspondent, in the city of New York, has kindly presented us with the eleventh annual report of that uncommonly well-conducted and flourishing charity, the Northern Dispensary. It is totally unlike the dispensary of Boston, in this respect—viz., there appears to be a central depot where the poor may go for medical advice from 8 o'clock in the morning till 3 P. M. Thus all patients laboring under diseases of the *eye and ear*, are treated by Drs. Wallace and Blakeman—gentlemen of high professional standing in that particular department of surgery. In diseases of the *heart and lungs*, Drs. Cammann and Borrowe; *head and bowels*, Drs. Elder and Steele; *skin*, Dr. Gunn; *women and children*, Dr. Earle; *dentistry*, Dr. Baldwin—and all diseases contemplated in surgery, not classified, fall to the care of Dr. Cairns. This is not all; a house physician, with an assistant, has charge of those requiring medical attendance at their dwellings. This admirably-conducted dispensary appears to be entirely supported by the generous liberality of the citizens. The idea of setting apart a physician for a particular malady, strikes us very favorably, as it pre-supposes a thorough knowledge of the disease, or rather, that a thorough knowledge of it will be acquired. Such was the Egyptian method of practising medicine, says Herodotus—one man prescribed for the ear, another for the eye, and another for the teeth. Such is manifestly the tendency in our times, in the great cities, and it is the only way of becoming eminently qualified for rendering the best professional services—to learn to do one thing as well as it can be done.

Dr. Hull's Utero-abdominal Supporter.—We are gratified to notice that this instrument has received the sanction of very many medical men in Europe as well as in America; and from its undeniable success, has proved itself a truly valuable surgical expedient in cases for which it is so well contrived. Having repeatedly called the attention of physicians to

this subject, it seems almost unnecessary to urge it further upon their consideration.

Medical Institution of Yale College.—The committee to examine candidates for medical degrees and licenses, convened in the Medical Institution of Yale College, on Wednesday, February 27, and continued in session until March 1. Present, on the part of the Connecticut Medical Society, Dr. SILAS FULLER, President of the Society, and Drs. Thomas Miner, Luther Ticknor, Dyar T. Brainard and Earl Swift, and, on the part of the College, the six medical professors.

The following gentlemen, being found duly qualified on examination, were admitted to the Degree of Doctor in Medicine, by the President of the College, viz. :

Ebenezer Bingham Allen, Lisbon ; Shubael Fitch Bartlett, East Windsor ; Horatio Bryant, New Haven ; Elijah Wells Clark, Wethersfield ; Henry Gassett Davis, Worcester, Mass. ; Joseph Dursey, Groton ; Asa Witter Fuller, Lisbon ; Otis Deming Goodrich, New Haven ; James Lawrence Hall, Litchfield ; Allyn Merriam Hungerford, Watertown ; De Witt Clinton Jayne, Florida, N. Y. ; Joao Francisco Lima, Maraham, Brazil, S. A. ; Sidney Haskell Lyman, Warren ; Augustus Mitchell, Portland, Me. ; Nathan Strong Perry, Sharon ; Benjamin Franklin Smith, Waterford ; and William Wickham Welch, Norfolk.

The following, being found qualified for Licenses to practise physic and surgery, received diplomas from the President of the Connecticut Medical Society, viz. :

Josias Byles, Griswold ; and Ebenezer Clark Smith, Washington.

An able and interesting address to the candidates was delivered, on the day previous to the examination, in presence of a large audience, by Thomas Miner, M.D., a member of the board of examination, and late President of the Connecticut Medical Society.

A Physiological Phenomenon, or the Snake Man ; Robert H. Copeland.—This most singular being, perhaps, has not a parallel in medical history. He is now about 29 years old, of ordinary stature and intellect. His deformities and physical peculiarities are owing to a fright his mother received from a large rattle snake attempting to bite her, about the sixth month of pregnancy. For several minutes, after the snake struck at her, she believed herself bitten just above the ankle ; and so powerfully was her mind affected, that, when she was delivered, the child's will was found to have no control over his right arm and right leg, which are smaller than his left extremities. He can use his right leg now sufficiently to walk in a hobbling manner, but cannot retain it stationary without the aid of the weight of his body. His right hand has the usual number of fingers, but they are smaller than those of his left hand. The wrist-joint is looser than usual, and his hand stands at an angle with his arm. His front teeth are somewhat pointed, and incline backward, like the fangs of a snake. The right side of his face is sensibly affected ; his mouth is drawn considerably farther on the left side ; his right eye squints, has several deep grooves radiated from it, and has a very singular appearance, much resembling a snake. But perhaps the most extraordinary circumstance on record is, that his right arm, when not restrained, will draw the lower part to about a right angle with the upper, and sometimes two or

three, but most commonly only the fore finger, will project, curved at the first joint, much resembling a snake's head and neck, when in the attitude of striking; and the whole arm will strike at an object with all the venom of a snake, and precisely in the same manner, for two or three and sometimes for four or five strokes, and then the arm assumes a vibratory motion, will coil up and apply itself close against his body. During this period his right foot and leg become excited, and if not restrained, will strike also. His face is also excited; the angle of his mouth is drawn backward, and his eye snaps more or less, in unison with the strokes of his hand, whilst his lips are always separated, exposing his teeth, which, being somewhat pointed like the fangs of a snake, causes his whole visage to assume a peculiar and snaky aspect. During infancy and childhood, the whole shape of the snake, even to its fangs, was printed on the anterior of his leg; but as he grew up it became gradually obliterated, till now there is only a small depression where the snake's head was imprinted. The sight of a snake fills him with horror, and an instinctive feeling of revenge; and he is more excitable during the season of snakes; and even conversation concerning them excites him, and his arm appears more anxious to strike than when no such conversation is going on. All the above phenomena are perfectly independent of his will, as hundreds can testify who were acquainted with him long before he had any idea of exhibiting himself publicly. This singular being was born in Carolina, and moved to Georgia in the year 1829, where he has since remained, performing such labor as he could with one hand, and by unremitting exertions has maintained his wife and an increasing family. His physical peculiarities being considered only in the light of a common deformity, he never thought of exhibiting himself publicly, till it was suggested to him by a medical friend in 1837.—*Southern Med. and Surg. Jour.*

The names of eight physicians and others are attached to the above account, certifying that it is substantially true.

Medical Miscellany.—Dr. Miner's address to the candidates for degrees and licenses in the Medical Institution of Yale College, just published, should be read by every pupil in the country—it contains good advice in a compact form—the contemplations of a sage, with the wisdom of a Christian philosopher.—There were 146 interments in New York, last week—men, 41; women, 29; boys, 44; girls 32.—No. 12, of a new Thomsonian Journal, called the *Lobelia Advocate*, has appeared at Baltimore. At the present rate of multiplication, the believers in the Thomsonian force of physic will have a paper a-piece.—The treasurer of the Eye and Ear Infirmary, in Boston, acknowledges a donation of one hundred dollars from the Hon. Daniel Waldo, of Worcester, Mass.—Dr. Eleazer Balfour has been appointed Surgeon of the Marine Hospital, at Baltimore, in place of Dr. Robert Stark, deceased.—The deaths in Cincinnati, in 1838, were 1356—more than one half being children under five years of age.

TO CORRESPONDENTS.—The dissertation on Anæmia, and the papers of Drs. Reynolds and Palmer, are on file for publication.

Whole number of deaths in Boston for the week ending March 16, 37. Males, 18—females, 19.
Of consumption, 6—inflammation of the lungs, 1—scrofula, 1—croup, 2—convulsions, 2—dropsy on the brain, 2—scarlet fever, 4—cramp in the stomach, 1—old age, 1—inflammation of the brain, 1—lung fever, 1—chronic diarrhoea, 1—sits, 1—canker in the throat, 1—drowned, 1—intemperance, 1—disease of the brain, 1—marasmus, 1—child-bed, 1—palsy, 1—canker rash, 1—paralytic, 1—stillborn, 1.

OUTLINES OF THE INSTITUTES OF MEDICINE,

FOUNDED on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of *Sketches of Epidemic Diseases in the State of Vermont*, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage."

"New York, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston.

M 20.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - -	DR. STOKER.
On Physiology and Pathology, by	- - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
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Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—septN—emtJy

SITUATION.

A YOUNG PHYSICIAN, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 3000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained.

M 6—4teop.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$8.00 a year in advance, \$2.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MARCH 27, 1839.

No. 7.

A DISSERTATION ON ANÆMIA.

BY A PHYSICIAN OF RHODE ISLAND.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Several times, in the course of the last year, I have seen an inquiry in your Journal for some information respecting that disease which was proposed by the Fiske Fund Trustees for a prize essay, and which we have denominated *Anæmia*; but as nothing has transpired or has been published in the Journal on the subject, it is presumed that nothing worthy of a prize medal or of publication, has been written on the disease. Therefore, if you think the following hastily written essay worthy of a place in your Journal, you are at liberty to publish it.

Respectfully, &c. F.

“What are the causes and nature of that disorder, often incident to puerperal women, characterized by inflammation and ulceration of the mucous membranes of the mouth and fauces, anorexia, emaciation and diarrhæa, and which frequently terminates fatally; and what is the best mode of treatment to be employed therein?”

This disease is the *Dyspepsia Anæmia* of Dr. Young, the *Marasmus Anæmia* of Dr. Good, and is placed by the latter in his third Class, Diseases of the Sanguineous Functions, 4th Order, Cachexies.

Either of these names is appropriate to the disease, inasmuch as each of them embraces two of the attending symptoms; but dyspepsia being one of the first and most prominent symptoms, some physicians will prefer the name given to the disease by Dr. Young.

Anæmia is the opposite of plethora, and may be defined, “A deficiency of blood in the whole body, not proceeding from natural or artificial hæmorrhage, giving rise to a waxy, bloodless state of the countenance and surface, emaciation, feeble quick pulse, and great languor and debility.” Bloodlessness is a rare disease in the interior of the country, among the laborious peasantry, who are almost all the day in the open air. Puerperal women, likewise, beyond the influence of the sea air, are rarely afflicted with it; but yet, it is sometimes observed in connection with chlorosis, and in its local forms, throughout the whole country. But in the following observations we shall treat of general anæmia only.

The blood circulating through the system may be deficient in its quality or quantity, and in a due proportion of red globules. In many cases where the blood is deficient in quantity, the red particles are still more remarkably diminished, being insufficient to give the blood its

usual scarlet color. General anæmia sometimes appears as a primary disease; but is often symptomatic of some pressure or lesion of the vessels which convey the chyle or nutritious fluids into the blood; or it may originate in a morbid action of those organs which are concerned in the processes of sanguification, which last is perhaps the most common cause in puerperal women.

The dyspeptic symptoms often attending a state of gestation are so much increased in some individuals, and the stomach becomes so irritable, that almost all the food which is taken is soon afterwards rejected; hence this is one of the sources of want of nourishment and a deficiency of blood. Another source of deficient nourishment may be sought for in a want of vital power, and a debility or a depressed state of the digestive organs themselves, or the nerves with which they are supplied, a torpid state of the organic class of nerves being frequently antecedent to this particular state of digestion, assimilation, and sanguification. The influence of the sun's rays upon both vegetables and animals, is well known. The gardener etoiliates his cellery by covering it from the light of the sun. This proves that the circulating process in vegetables cannot be duly performed without exposure to both light and air; and it is extremely probable that when a person is excluded from the light of the sun, and confined to a damp malarious situation, constantly breathing an unwholesome air, the organic class of nerves are deprived of their accustomed salutary stimuli, and no longer properly assist the chylication and sanguifying process. The genial influence of the sun promotes all the vital actions, especially those of organic life—the aged feel the influence of its beams, and the young are stimulated to new vigor—and the hibernating animals awake from their long wintry sleep. But persons confined in deep mines, entirely excluded from the sun's rays, and constantly respiring the confined, unwholesome air usually present in such locations, are very subject to anæmia.

In the 9th vol. of the "*Journal de Médecine*," by Professor Halle, of Paris, mention is made, by M. Chomel, of the workmen employed in a coal mine, at Aurain, being nearly all affected with the disease. "It commenced with violent colicky pains in the stomach and bowels, palpitations, dyspnœa, diminution of strength, distention of the abdomen, flatulence, blackish green stools, followed in the course of ten or twelve days with a waxy, bombycinous, bloodless appearance of the countenance; walking was accompanied with great fatigue, and performed with much difficulty; the face became swollen, and palpitations of the heart, causing extreme anxiety, succeeded by copious perspiration, took place. These symptoms continued for a year or more, attended with extreme emaciation. At length a recurrence of the original symptoms took place, with violent headache, intolerance of light and sound, and frequent syncope, pain and distention of the bowels and purulent stools, when death soon closed the scene." "Out of fifty who had the disease, none were perfectly cured, and three died. In a post-mortem examination of one of them, all the large bloodvessels were found nearly empty, containing only a small quantity of light-colored serum, without any mix-

ture of red globules. The liver was small, and did not project beyond the ribs; it was soft and pliable in every part, was of a pale-yellow color, both externally and in its substance, which was soft and unctuous to the touch. The gall-bladder was half full of bile, of the color of the yolk of an egg; and when analyzed was found to contain much coagulable albumen. The spleen was small and softer than ordinary; and the liquor which flowed from it, as it generally is, was red like the dregs of red wine." "The stomach, when opened, was found half full of a liquor resembling the dregs of wine. The duodenum and jejunum were lined with a mucus of a similar color; and when the mucus was removed, the membrane, both in the stomach and intestines, in all their extent, appeared white and sound." Surely the above cannot be the condition of the bowels in those cases attended with a dysentery or purulent dejections.

According to our experience and observations, general anæmia does not take place unless preceded by a morbid condition of some of the organs concerned in the process of chylication, and the formation of the blood. When the functions of the liver, spleen or pancreas, are in part or wholly suspended, the digestive powers of the stomach are enfeebled, and anæmia, more or less severe, follows.

Chlorosis may be regarded as the mildest form of the general disease; and if we take into consideration the attending symptoms, we shall most certainly arrive at the conclusion, "that all the organic functions, those of digestion, assimilation, sanguification, nutrition, and generation, are inadequately performed.

Many physiologists suppose that the lungs, in addition to their office of converting venous into arterial blood, exert an assimilating influence upon the absorbed chyle and lymph which the venous blood contains. Perhaps this opinion is correct. But yet the process must be considered a vital one, caused by the direct influence of the nervous system upon the blood. "Professor Myers found that when both pneumogastric nerves were tied, the blood coagulated in all the pulmonary vessels, the coloring matter being separated from the fibrine; and that this change was not the consequence of death, but its antecedent, since it was uniformly found upon opening the bodies the moment they expired. M. Dupuytren had previously ascertained, that a simple division of the pneumogastric nerves prevented the venous from being converted into arterial blood in the lungs. M. Dupuy found that when the pneumogastric nerves were divided in the cervical region, in horses, the quantity of fibrine in the blood became progressively diminished to a very remarkable extent; and that a similar result followed laborious breathing in diseases, and that the blood throughout the animal was entirely dissolved after the pneumogastric nerves had been divided. A severe blow over the coeliac ganglion will produce instant death, and the blood will remain dissolved, and exhibit the same appearances as after death by lightning and the most violent poisons. These remarkable changes can only be effected by the organic or ganglial class of nerves, by the central source of vital power upon the vascular system, and by the effect thereby produced upon the blood."—*Copland's Med. Dict.*, p. 193-4.

But though the blood may become purified, and receive an additional principle in its circulation through the lungs, yet in our opinion other organs are as much or more concerned in the process of sanguification.

"It is the opinion of some writers, that the bile is poured out into the duodenum, that it may be blended with the chyme, and by producing chemical changes in it, convert it into chyle. In order to arrive at some satisfactory conclusion on this point, Sir Benjamin Brodie applied a ligature round the choledochus ductus of an animal, so as completely to prevent the bile entering the intestine, and then noted the effects produced on digestion of the food which the animal had swallowed, either immediately before or immediately after the operation. The experiment was repeated several times, and the results were uniform. When an animal swallows solid food, the first change which it undergoes is that of solution in the stomach. In this state of solution it is denominated chyme. The appearance of the chyme varies according to the nature of the food. For instance, in the stomach of a cat the lean and muscular part of animal food is converted into a brown fluid of the consistence of thin cream; whilst milk is first separated into its two constituent parts of coagulum and whey, the former of which is afterwards re-dissolved, and the whole converted into a fluid substance, with very minute portions of albumen floating in it. Under ordinary circumstances, the chyme, as soon as it enters the duodenum, assumes the character of *chyle*. The latter is seen mixed with excrementitious matter in the intestines, and in its pure state ascending the lacteal vessels. Nothing like chyle is ever found in the stomach; and Dr. Prout, whose attention has been much directed to the chemical examination of these fluids, has ascertained that albumen, which is the principal component of chyle, is never to be discovered higher than the pylorus. Now in my experiments, which were made chiefly on young cats, where the ligature had been so applied as to obstruct the choledochus ductus, the first of these processes, namely, the production of chyme in the stomach, took place as usual; but the second, namely, the conversion of chyme into chyle, was invariably and completely interrupted. Not the smallest trace of chyle was perceptible either in the intestines or lacteals. The former contained a semifluid substance, resembling the chyme found in the stomach, with this difference, however, that it became of a thicker consistence in proportion as it was at a greater distance from the stomach; and that, as it approached the termination of the ileum in the cæcum, the fluid part of it had altogether disappeared, and there remained only a solid substance, differing in its appearance from ordinary fæces. The lacteals contained a transparent fluid, which I suppose consisted partly of lymph, and partly of the more fluid parts of the chyme which had become absorbed."—*Journal of the Sciences and the Arts*, No. 28.

From the above experiments it is apparent that chylification depends upon a healthy secretion of the liver, and hence one cause of deficient nourishment arises from a morbid or a deficient secretion of the biliary organs. The fact has also been sufficiently established that the liver assists the lungs in freeing the blood from the carbon which it has imbibed in the course of the circulation through the system.

The spleen is considered by most writers subservient in its functions to those of the liver. "Hewson believed it to be destined to the elaboration of the globules of the blood. Tiedemann and Gmelin are of opinion that it is intimately connected with the absorbent system, and that it assists the process of sanguification." "The blood of dogs deprived of the spleen is found to run speedily into putrefaction. Hence Schmidt considers that the spleen is concerned in the preparation and assimilation of the elements of the blood. Professors Tiedemann and Gmelin maintain that the spleen secretes a reddish coagulating lymph from the arterial blood, which secretion is conveyed by the absorbents to the thoracic duct, where it mixes with the chyle and renders it similar to the blood. This inference they think is proved by the chyle assuming a red color in the ductus thoracicus, and that when this coagulable lymph was prevented from reaching the duct, this change did not take place. Hence they argue that the gradual change of chyle into blood is the consequence of passing through the mesenteric glands, and of the admixture of the reddish coagulable lymph supplied by the absorbents of the spleen."—*Richerand's Physiology, Note N.*

"M. Fallot observes, that it is certainly known to every experienced physician, that when the spleen has been diseased for any length of time, a dyscrasis of the circulating fluids is almost invariably induced."

We add Dr. Johnson's comment upon M. Fallot's paper. "It is not quite easy to determine whether the dyscrasis of the circulating fluids is owing to the morbid state of the spleen, or whether the converse of the proposition be true. However this may be, the constitutional symptoms usually associated with chronic enlargement of the spleen are these—general debility, paleness and deficiency of red blood in the capillaries; the conjunctivæ are pale and bloodless, scleroticæ are of a pearly-blue color, and the complexion is waxy as in chlorosis. If the disease has existed for any length of time, the extremities are apt to be cold, and the skin is pale and dry, shrivelled, and often furfuraceous. Adults do not suffer so much from enlargement as children do. In young subjects it is very apt to induce an incurable marasmus; whereas we not infrequently observe that, with adults, it may exist for a length of time without being attended with serious disturbance of the constitution. Does not this difference seem to indicate that this viscus is probably more or less directly connected with the formation of the blood?"

"Patients affected with vascular engorgements of the spleen are very prone to foul sloughing ulcers, from slight wounds or bruises; and all restorative processes are observed to be very tardily and imperfectly performed. The blood of such patients is always more or less unhealthy; sometimes it coagulates only imperfectly, and no serum is separated; in other cases the cruor is black, soft, and does not assume a florid hue on the surface from the contact of the air. In short, not a few of the attributes or symptoms of genuine scorbutis are found in many cases of enlarged spleen. There is a tendency to hæmorrhage from slight wounds or ulcers; punctures and abrasions of the skin are apt to ulcerate; the gums become gangrenous and the teeth fall out, and the

alveoli become carious. Hæmoptysis and hæmatemesis are not infrequent occurrences. The functions of the stomach and bowels, too, are almost always disturbed; the food being not properly digested or assimilated, and the alvine evacuations irregular and unhealthy. In the advanced stage of the disease, dysentery or some form of dropsy usually supervenes."—*Johnson's Review*, Vol. 30, p. 535.

The foregoing observations respecting the office of the lungs, liver, spleen, pneumogastric and organic nerves, in the process of sanguification, are deemed important in order to establish a correct pathology of this obscure disease, that will lead to a judicious and successful treatment. The first link in the chain of morbid action in anæmia, as we think, commences in an organic disorder, or in a functional derangement, of one or of all these organs. That the functions of the liver are deranged, is proved by the appearance of the vitiated bile in the dejections; and generally on inspecting the region of the spleen, that organ will be found enlarged at the commencement of the disease. The functions of the stomach are always more or less deranged; but whether it precedes or follows the morbid condition of the other organs, yet remains to be determined.

Symptoms.—In the foregoing remarks nearly all the symptoms of anæmia have been noticed, but it may not be improper briefly to enumerate them in this place. Among the first symptoms are a loathing of food; a costive state of the bowels, or the reverse; dyspepsia; acid eructations; nausea; flatulence; borborygma; small, feeble and irregular pulse, easily excited by emotions of the mind; the patient is languid, very weak and feeble, and feels a sense of sinking and fainting on assuming the erect posture, which is followed by palpitations. Soon the countenance assumes either a bombeycinous, or a pale, waxy, blanched appearance; the veins of the skin are scarcely seen, and, when emptied by pressure, fill again very slowly. The tongue, lips, and inside of the mouth, are pale, and the conjunctiva is bloodless. The respiration becomes short, oppressed, hurried, sometimes with gasping, irregular convulsive movements, tremors, and swelling of the feet and ankles. In this state the patient may be carried off by convulsions, by syncope, and by suddenly assuming the erect posture, or sink with the symptoms of exhaustion, or effusion of water on the brain, lungs, or into the pericardium. Bloodlessness, or a deficiency of red globules in the blood, and the visceral disorders already mentioned, give rise to various affections, both organic and functional. That anæmia should be complicated with certain chronic affections of the lungs, liver, spleen, pancreas, mesenteric glands, absorbent system, chlorosis, &c., may be anticipated; and that it should give rise to dropsical effusions, diarrhœa and dysentery, need not surprise us, since there is a diminished tone of the exhalents and absorbents, and a deficiency, or a weak, thin state of the blood, the crisis of which is much reduced, and there is a more rapid circulation of the small quantity remaining in the bloodvessels.

A moderate degree of anæmia will often give rise to various functional derangements, such as palpitations, hysterical and epileptic convulsions, syncope, nervous tremors resembling chorea, nausea and vomiting

of an extremely acid and acrid substance, headache, diarrhœa, dysentery, leuco-phlegmatic swellings, doughy countenance, gastralgia, colic pains, weak digestion, vermination, softening of the internal viscera, and rapid emaciation.

But there are other symptoms which, perhaps, are more distressing than any which have been enumerated. We allude to the distressing *cardialgia*, or burning sensation of the stomach, which perhaps results from the morbid secretions of the liver and pancreas being thrown into the stomach during the retching and vomiting; inflammation, excoriation, or ulceration of the mucous membrane follows, which gradually extending upwards, fixes upon the mucous membranes of the mouth and fauces, and eventually produces small pimples of the size of mustard seed, on the tip and edges of the tongue, and on the inside of the cheeks and the verge of the curtain. The pimples are attended with a fiery redness of the part, and both the pimples and redness gradually enlarge and spread until the whole mouth and fauces are covered with the inflammation and ulcerated pimples, which increase in violence until sloughing, and such a tenderness and rawness of the mouth ensue, that stimulating drinks or solid food cannot be taken into the mouth without producing great pain and smarting. During the continuance of the sore mouth, there is an incessant flow of saliva, which has an offensive odor, and a putrid, saltish taste. When the mouth becomes very sore, the burning sensation in the stomach is almost entirely removed; but if repellants are applied to the mouth and fauces, and the ulceration is thereby healed, the stomach is again attacked with the same distressing symptoms as at first.

But sometimes the acrid secretions, acting upon the mucous membranes of the bowels, cause a diarrhœa, or a dysentery of the most intractable kind. Swallowing the saliva during the continuance of the sore mouth will also produce the same distressing affection of the bowels. But whenever one part of the digestive tube is severely affected, other portions, previously implicated, are relieved, and the diseased action often successively passes through every portion of the *primæ viæ*. These symptoms continuing week after week, gradually undermine the general health, and the countenance becomes sallow and cadaverous. The burning at the stomach is accompanied with acid eructations, and often with a vomiting of acrid phlegm, which, together with the purging, rapidly reduce the strength and emaciate the body. After some time the disease ceases, as if it had worn itself out; but the favorable symptoms are delusive, for there is not vigor enough in the constitution to heal the ulcerations, and the original cause continuing to act, fresh exacerbations take place, and all the symptoms become much aggravated, and are accompanied with a fearful despondency. The acrid matter makes frequent translations from the mouth to the stomach and bowels, and from them to the mouth again, until at length the patient is reduced to almost a complete skeleton, and under the persevering attacks of the disease, sinks, bloodless and exhausted, to the grave.

This disease, and the symptoms attending it, so much resemble the *chronic thrush*, that *anæmia* has been mistaken for it. Such a mistake,

however, might be pardoned, for it is not yet decided whether the anæmia is the effect or the cause of the *aphthæ chronica*; although most writers consider every species of aphthæ symptomatic of some previous disease.

(To be continued.)

SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have been pleased to observe that you have several times, of late, called the attention of the faculty to the subject of scarlet fever. I hope you will continue your calls, until their attention shall be thoroughly aroused. I address you at this time to make two or three inquiries; and I do this for the purpose of directing attention to a point which I fear has not received sufficient attention in this country. Several European writers have noticed the combination to which my inquiries refer, but I am not aware that much observation has been directed to it in this country.

Before propounding my inquiries, I will remark that I have never observed those inconveniences resulting from the use of tartarized antimony, in this disease, which have induced Professor Cross to condemn it in such decided terms. On the other hand I have used it freely, and should my success continue as great as it has hitherto done, I shall certainly continue its use. Seven years ago I attended, in one autumn and winter, seventy-six cases, and only one of them terminated fatally. My treatment consisted chiefly in the free use of calomel, small doses of ant. tart., with occasional emetics of the same, and opiates as they were required. Such small doses of opium as are useful in allaying the irritation of the system, will be sufficient, in most cases, to counteract the tendency of the antimony to run off by the bowels. This fact seems to have been overlooked by the professor.

The inquiries which I wish to propose, are the following. Does cynanche maligna run into c. trachealis? In other words, does the inflammation extend from the tonsils and fauces to the larynx, trachea, and even to the bronchial tubes? If it does, in what proportion of the fatal cases does the inflammation thus extend? Does c. maligna often prove fatal, in the acute stage, without exhibiting decided symptoms of c. trachealis? Does the tendency to this extension of the inflammation depend upon any appreciable circumstance, as the state of the atmosphere, season of the year, local causes, &c.? If it should be decided by observation that the inflammation does frequently extend to the trachea and its branches, and especially that this is true in a large proportion of the fatal cases, will this lead to any modification of the treatment of cynanche maligna?

Should these inquiries turn the attention of observers to this point, and especially should they lead those who have made observations relative to it, to communicate them, my purpose will be answered.

Yours, respectfully,

Gloucester, Mass., March 15th, 1839.

JOSEPH REYNOLDS.

POISON NOT POISON.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been much interested, Mr. Editor, in the controversy about Dr. Holyoke, and especially by the manner in which the subject has been handled by Dr. Peirson. That gentleman has surely acquitted himself nobly, and proved himself a workman in the cause of temperance that "needeth not to be ashamed."

And yet there is one thing in his article in your paper of the 13th, which is rather puzzling. "A man," says the doctor, "may take poison, and not be poisoned." What does he mean? Do you know, Mr. Editor? I can hardly expect Dr. P. to reply; but really, I wish somebody would relieve my mind on the subject.

He cannot, of course, mean to say that a man may take poison and hold it in his hand, a short time, and yet not be poisoned; for every one knows that. Nor can he mean to say that the application of poisonous substances to the cuticle, especially of a part of the body which does not absorb, is uninjurious; for that would be to assert what is also well known. Nor can he mean that to swallow poison enclosed and concealed from the lining membrane of the mouth, œsophagus and stomach, and by means of an emetic, or otherwise, to throw it up again immediately, does not poison; for this is sufficiently obvious. What, then—I repeat the question, for it seems to me an important one—does he mean?

Perhaps you will direct me to Dr. P.'s own remark in the same sentence with the former, as an explanation of his meaning. "The prussic acid," says he, "in a peach leaf or bitter almond may be used to flavor a custard with as little danger as rose water."

Such remarks—assertions, rather, for they are unsupported by facts—do not satisfy me. Can it be seriously believed that prussic acid, in contact with the mucous membrane of the stomach, in the lacteals, in the heart and bloodvessels, in the lungs, and even in the brain itself, in any degree, however small, is as innocent as "rose water?" Dr. P. himself may possibly believe it, but I do not; neither do I think very many of his other readers will. Can he prove what he affirms?

If it can be proved, how? Analogy is against it. Facts are against it. Common sense is against it. Dr. P.'s own concessions are against it. Does he not profess to believe, with Sir Anthony Carlisle, that "most aged persons die of actual disease in organs not worn out by the length of time they have been performing their functions?" Does he not say that "the diseased alterations of every organ must have a cause connected with the exercise of the function of that organ?" Pray, then, what are the causes of diseased organs in old men? I was going to ask, what could have been the cause of the appearance of Dr. Holyoke's stomach, since he did nothing to injure it, unless it were by taking small doses of poison; but the doctor has been harassed on that subject so long, that I forbear. I will only add that I should like exceedingly to understand the proofs of the position that "a man may take poison" into his system "and not be poisoned;" or, in other words, *that poison is not poison.*

A.

CAUSES OF DISORDERED STOMACH.

AN acquaintance with the *causes* as well as the constitution is not less useful in throwing light upon the nature of disease, and affording indications for its successful treatment ; and we are therefore desirous that, in a narrative of cases, they also should be distinctly stated. It is true that they are often difficult of detection, but we have ever found it an excellent rule in practice to take it for granted that an active cause *does* exist, whether we can find it out or not, and consequently never to lose sight of any opportunity of getting at it which a better acquaintance with the patient's condition or private history may afford. It is astonishing how often and how completely we may be misled if we trust implicitly to the statement of the patient, especially in answer to a general question, where a different meaning may be attached to the same words. Thus, when we inquire whether he is aware of any cause for his ailments, he will necessarily answer according to what he believes to be causes, and may confidently, and honestly, and rationally reply in the negative, where, on a little examination, a cause, very palpable to a practitioner, becomes immediately apparent. About a year ago, for example, we were consulted for severe indigestion, by a strong, healthy-looking man, in the prime of life, who declared that he knew no cause whatever for his ailments. On our expressing an opinion that a very powerful cause *must* be in operation to induce such a state in a person of his formation, and catechizing him closely as to his habits, it came out that he was extremely fond of shooting and athletic sports ; and that in the highlands, where he chiefly lived, he was in the custom of walking out after a good breakfast, and spending the whole day on the hills, without further support, till he returned nearly exhausted to a six o'clock dinner, to which he sat down famishing, and, after eating almost to oppression, he fell into a deep sleep, from which he awoke disturbed by dreams and flatulence. So far from considering this mode of life as the cause of his indigestion, his wonder was why he, who was so constantly in the open air, and took so much exercise, should nevertheless have an inefficient stomach ! In another instance we were lately assured by a lady, to whom we were called in the country, and where we had not an opportunity of seeing the evacuations, that her bowels were in perfectly good order and acted daily ; when, on examining the abdomen to remove our scepticism on that point, we found it distended by *fæces*. On ordering a succession of active purgatives and injections for their removal, the patient remonstrated, and stated that, as she had repeatedly of late taken salts, which operated freely, it would weaken her too much to give her more, and that she could not require them. We of course insisted ; and when, to her great surprise and relief, an enormous quantity of solid *fæces* made its appearance, she then said it was *many weeks* since she had passed a natural evacuation *of that kind* ; but that, not knowing that liquid excretions were insufficient, she had answered our questions as she did. In a third instance, of very recent occurrence, we were assured by a gentleman of much good sense that he knew no cause for a continual irritation subsisting in the stomach and bowels, attended by great de-

pression of spirits and sleeplessness, and that all his habits were regular and temperate. It turned out, however, that, feeling much debility, he was eating meat twice a day, by way of keeping up his strength ; making a very long fast between breakfast and dinner, on account of business ; taking a glass or two of wine after dinner, *to relieve exhaustion*, and a good supper and spirits and water at night, *to promote sleep* ; and, to crown all, taking frequent irritating purgatives, *to carry off the offensive matter* which lodged in his bowels and caused the depression ! As he had an apparently good reason to assign for each of his practices, and felt immediate relief from his purgative, it never occurred to him that any of them could be looked upon as the real *cause* of his sufferings ; and, even when the fact was pointed out to him, he was at first not a little incredulous. The excess of food, the long fast, the supper, the spirits, and the purgatives, were evidently the original causes of the irritation ; and, when these were obviated, and the diet for a time restricted to mild farinaceous food, without wine, he began to recover ; still, however, occasional relapses arose, chiefly from the abuse of purgatives, which he was unwilling to give up, because, as he said, he *felt* relief from them, and they must therefore do good. Ultimately his eyes were opened to their true effects also, and he got well much sooner than he expected.

We have insisted, at some length, upon the necessity of careful examination into the facts of the case, because it is peculiarly in stomach affections that both patient and practitioner are apt to be deceived, unless the latter satisfies himself by his own observation, and that a right regimen (using that term in its widest sense) can accomplish more than is commonly imagined. If the practitioner contents himself with merely ascertaining what the affection is and prescribing medical treatment for its relief, he leaves the half of his duty undone, and the patient speedily relapses into worse than his former state.

That a constant reference to the habits and constitution of the patient is of real importance in practice, will be still further evident from a survey of the cases above narrated, as having lately occurred to ourselves. Had we implicitly relied on the first patient's assertion, that there was no cause for his indigestion, we might have sent him back to the mountains to remain a sufferer, because he would have returned unsuspectingly to the mode of life which excited the evil. Not aware of the necessity of renewed supplies of nourishment to the system at proper intervals, he made long fasts even while using great bodily exertion ; and not aware that bodily fatigue *exhausts the stomach* in common with other organs, he sat down to his evening meal on his return home before the fatigue went off ; and, believing that his day's exertions required an ample dinner, he ate almost to repletion ; and, overcome by fatigue and the distension of stomach, fell forthwith into a profound sleep, which still further impaired the digestive powers. Here, it is obvious, no permanent cure could be effected without a direct reference to the past history and exciting cause. On various occasions, accordingly, he had come to town for advice ; and, by local depletion, moderate diet, and mild laxatives, speedily obtained relief ; but invariably on his return to the country, the symptoms recurred, much to his own surprise, as he always understood

that country air and exercise were the best cures for indigestion. On explaining to him the errors into which he had fallen, and urging him to adapt his mode of life more closely to the laws of his constitution, he had no difficulty in understanding the causes of his relapses, and promised to avoid them in future. When we last heard of him, he was much better, but not entirely well.

In the third case, again, the patient, who was a man of much good sense, conceived himself acting very properly when he took much nourishing food and wine to relieve the sense of debility; spirits and water to procure sleep; and constant purgatives, to relieve the depression and carry off offensive matter. From all of these practices he felt *immediate* relief; and thence, naturally inferring that they were beneficial, he had no hesitation in declaring that he knew no cause whatever for his ailments; and yet, to any one who was acquainted with the human functions, it was manifest that he was taking twice the quantity of nourishment which his weakened stomach could digest or his sedentary mode of life require; that the wine merely relieved the oppression caused by the undigested food, and that the supper and spirituous drinks merely gave him rest by nightly inducing a state of oppression akin to apoplexy. In his former treatment most of these things were overlooked; and hence, after having been twice relieved by physicians under whose care he placed himself at a distance, he also relapsed on his return. But when his reason became convinced, he changed his whole system of living, and with the best results; for, when we saw him lately, he presented a healthy clearness of countenance and alacrity of mind to which he had been long a stranger.—*British and Foreign Med. Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 27, 1839.

IMPAIRED VOICE, IN CLERGYMEN.

WITHIN less than twenty years a new disease has been developed in this country, which is almost exclusively confined to parish ministers. It is a loss of tone in the vocal organs, attended by a sense of fatigue in the muscular apparatus of the throat, and accompanied by a peculiar dryness and rigidity, apparently, of the lining membrane of the larynx. All these circumstances concur to destroy the original character of the voice, and finally incapacitate very many excellent men from discharging their pastoral duties. A multitude of divines are actually more or less affected with this malady of the throat, at this moment, and very many have been absolutely obliged to ask dismission from their people, in consequence of a total inability to read their discourses in public, or conduct the ordinary services of the desk. Many have placed themselves under medical care, with an expectation that rest, together with the administration of a gentle course of tonic remedies, would eventually overcome the difficulty, and enable the vocal cords to vibrate with their original energy. In other words, the sufferer has generally supposed that the original sonorous in-

tensity and power of articulation, which by some unexplained combination of causes has been partially destroyed, might be restored by the operation of external or internal applications. But the success in treatment has by no means answered the expectations of those who prescribe, or those who take the intended remedies. The disease, instead of diminishing, though neither infectious or contagious, increases in a ratio corresponding with the multiplication of the clergy. What can be the cause? Let it be premised that the clergy of olden times, both in and out of New England, performed quite as much clerical service as those of modern times—and yet their vocal organs were the last to fail.

A few evenings since, in the course of conversation with Dr. Mauran, a distinguished physician of Providence, R. I., this topic was under discussion, and he remarked that he could not ascertain, either in his own circle of acquaintance, or by inquiry among professional gentlemen residing in different sections of the country, that those clergymen who used tobacco, had ever suffered from the *minister's ail*, with one single exception. The inference, therefore, was, that smoking or chewing kept up a secretion in the neighborhood of the glottis, favorable to the good condition and healthy action of the vocal box.

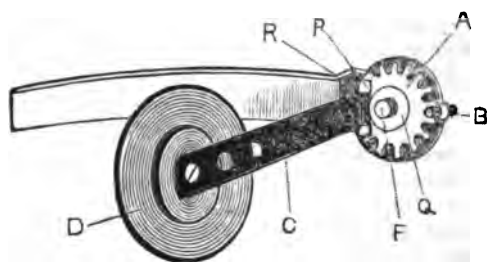
Since the great temperance reformation commenced, tobacco has been anathematized, and it is now extremely rare to find any of the new comers into the ministry, who would tolerate tobacco; and all who are distinguished for their devotion to the great moral revolution which is going on, abandoned tobacco, if they had ever been addicted to its use. Now it is almost susceptible of positive demonstration that the clergy of olden times smoked and chewed very universally. The lawyers speak hours together, and when leisure permits, many of them smoke; and, as a general rule, the leading advocates are very great smokers—and yet, who ever heard of a lawyer who had lost his voice?

Medical Testimony.—The City of Boston having applied to the General Court, now in session, for certain powers, in relation to the introduction of water from the country, the petition was referred to a joint committee of the Senate and House. Several meetings have been held in the Senate Chamber, and the Mayor, in behalf of the Corporation, on the one hand, and the remonstrants on the other, have brought forward a multitude of medical testimony, both for and against the necessity of entering upon this great, and, we fully believe, desirable undertaking. Thus far, the weight of medical evidence seems to preponderate in favor of the water from abroad. Though no positive cases of disease were adduced as having been developed by the habitual use of native water—notwithstanding its proverbially bad reputation with all strangers, and even amongst ourselves—the physicians seem to concur in the opinion that the public health would be promoted by a plentiful supply of pure soft water—come from where it may.

Medical Citation.—By turning to Vol. XIV., No. 18, of this Journal, the reader will find a report of the trial and expulsion of Dr. John S. Bartlett, now a resident of Marblehead, from the Massachusetts Medical Society. Dr. Bartlett has appealed, at the expiration of three years, to the Legislature, and asked for a hearing before a committee, that he may show that the Society has violated its charter, which ought, therefore, to

be taken away by the power from whence it was derived. It is quite difficult to state the present position of things, not thinking it worth while to be at the trouble of taking notes at the examination ; but the presumption is, that, like the boundary war, this proceeding will not seriously injure any one who has the honor of a fellowship in this venerable association. If, in the course of human events, the Legislature should lend an attentive ear to the accusations brought against the entire body of physicians in the Commonwealth of Massachusetts, for excluding a member from their fellowship whom they considered unworthy of their professional regard, then some minutæ may be expected.

Dr. Fletcher's Truss.—The cut below represents the moveable parts of this ingenious instrument more perfectly than any previous one, being a view of the inner side.



A, refers to the rotary wheel, showing the cogs and manner of attaching the pad. B, the screw by which the pad is permanently located at any point. C, a short piece of steel connecting the pad to the rotary wheel. D, the pad, which is represented as turned back to exhibit the other parts more distinctly, is circular in form, convex on its inner surface, is made large or small, hard or soft, thick or thin, as individual cases require. F, the screw by which the pressure is increased upon the pad. P, two posts on the rotary wheel, by means of which the pad and rotary wheel are connected. Q, the post on the inner side of the main piece, and on which the rotary wheel is riveted. R, a bend in the main piece, allowing the fan of the rotary wheel to be on a level with the inner surface of the main piece, which, when covered, presents a smooth surface.

It gives us much satisfaction to learn that this invention meets the approbation of the most distinguished surgeons in New England, without at all lessening the claims of those who are already in the market, as benevolent competitors for professional as well as general public approbation.

A Cure for Warts.—Dr. Lewis, the vigilant and scientific physician of the House of Correction, at South Boston, informs us that a boy was sent to the institution, whose hands were completely studded over with large, rough, ragged warts—amounting to an actual deformity. He was set to sorting brass trunk nails, as they came in sheets from the mould—and at the expiration of a month, both hands were wholly and perfectly freed from the unsightly excrescences, and the skin was left smooth and in good condition. Query—what dispersed the warts? The opinion of correspondents is solicited.

New York Hospital.—For the convenience of medical strangers, visiting the city of New York, who might be desirous of examining the hospital, the names of the medical officers, for the ensuing year, are here published. *Consulting Physician*, Thomas Cock, M.D.; *Attending Physicians*, F. U. Johnson, J. M. Smith, J. B. Beck and J. Macdonald, M.D.'s; *House Physician*, W. H. Maxwell, M.D.; *Consulting Surgeon*, V. Mott, M.D. (in Europe); *Attending Surgeons*, A. H. Stevens, J. C. Cheesman, J. K. Rodgers, A. C. Post, R. K. Hoffman and G. Buck, M.D.'s; *House Surgeons*, J. S. Heard and J. B. Gould, M.D.'s; *Librarian*, J. L. Vandervoort.

Medical Miscellany.—Eighty-four young gentlemen, of the Jefferson Medical School, Philadelphia, received the degree of M.D. on the 15th of March.—An extra meeting of the Council of the Massachusetts Medical Society was held at the Athenæum, on Monday, the 18th inst.—There will be an adjourned meeting of the same body April 3d, at 11, A.M.—Dr. Robert Capen, an industrious and persevering man, of Hingham, Mass., is preparing a work on natural and medical history, which may possibly extend to three or four volumes, octavo, in which case it will not be ready for the press for more than a year to come.—Dr. Thos. King, of Ray, Missouri, is about publishing, in connection with another gentleman, a history of the Mormons.—The varioloid has subsided at Pottsville, Penn., after having had possession of the town a long time.—The expenses of the Bloomingdale Asylum for the year 1838, amounted to \$38,676 10. The expenditures of the New York Hospital for the last year, were \$34,124 85—and its income was precisely the same—\$12,500 00 being a State annuity, and \$15,867 85 for board of seamen.—At the Driford Lunatic Asylum, England, which is limited to twelve patients, and is under the charge of Mr. George Bodington, the number of cures effected has been at the rate of 70 per cent. At the Gloucester county Asylum, 60 per cent. recovered; at Hanwell, 19; and at Stafford, 46 per cent. The mean duration of the treatment at the Driford Asylum, was 21 weeks, 5 days; at Gloucester, 1 3-4 years; at Hanwell, 4 years; at Stafford, 1 1/2 years.—The editor of the London Lancet has recently published a large number of statistical facts, collected from various sources, to show that the protective power of vaccination is influenced by the lapse of time since the introduction of the vaccine virus into the system of the individual. The documents he has collected are voluminous, and, so far as they can be depended on, it would appear to be a settled fact, that not only the susceptibility to smallpox in vaccinated persons increases with the increase of time since vaccination, but also the gravity and danger of the disease.—During the last year, 10,085 persons have been supplied with medicines and faithfully attended to gratuitously, by the New York Dispensary, either at the Dispensary, or at their own houses. This great amount of good was accomplished at an expense of only \$2922.—A poor woman at Haymoor, England, was lately delivered of a child of the following admeasurement and weight. The long diameter, from the occiput to the root of the nose, 7 1-4 inches; the occipito-mental, 8 1/2 inches; from the parietal protuberances, 5 inches; the circumference of the skull, 15 1-4 inches; the circumference of the thorax over the xyphoid cartilage, 14 1/2 inches; the breadth of the shoulders, 7 1-4 inches; the extreme length, 24 inches. The weight, *seventeen pounds, twelve ounces.*

Whole number of deaths in Boston for the week ending March 23, 29. Males, 14—females, 15.

Of consumption, 6—scarlet fever, 6—old age, 1—convulsions, 1—dropsy, 1—lung fever, 2—hemorrhage, 1—inflammation of the lungs, 1—dropsy on the brain, 1—stoppage in the bowels, 1—hooping cough, 2—erysipelas, 1—typhous fever, 1—suicide, 1—disease of the spine, 1—palsy, 1—stillborn, 2.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchess D'Orléans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack Stearns, Ludlow, Kissam, Yache, Fowler, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

A constant supply of the above Instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10. Feb. 13—6m

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—copy

WILLIAM BROWN.

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Boston, August 1, 1838.

tf.

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THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

TO PHYSICIANS.

A PHYSICIAN wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid. M. 37—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, APRIL 3, 1839.

No. 8.

A DISSERTATION ON ANÆMIA.

[Continued from page 108.]

CAUSES.—In addition to the causes already alluded to, there are others, which will now be enumerated. These consist of a deficient nutrition, in consequence of poor and insufficient food, and during gestation in pregnant women a weak and irritable state of the stomach, which causes the food to be rejected soon after it is received into that organ; also flooding after parturition, or a great loss of blood from any other cause; pressure upon the ductus thoracicus; excessive secretions or evacuations; masturbation early in life, and long continued; protracted confinement in crowded apartments, in low, damp, malarious situations, connected with long exclusion of the body from the direct influence of the sun's rays; the impure air of manufactories; and, the most common of all causes, the constant respiration of an impure, moist and miasmal atmosphere, located near marshes in the vicinity of the sea or salt water, where the sun rarely, if ever, shines. All these causes depress and finally exhaust the vital energy, whilst they disorder the functions of digestion, and thereby prevent the necessary supply of the circulating fluids. To these causes may be added organic or functional derangement of the lungs, liver, pancreas and spleen, often the result of the unhealthy location of the patient; also an impeded development of the generative organs, the perfect evolution of which is necessary to the salutary excitement of all the organic actions, especially those of digestion and sanguification.

Hence it appears that anæmia is the effect of a morbid condition of those organs which are most concerned in the formation of the blood, which at first induces a debility or irritability of the system, such as often arises from exhausting diseases, cachexies, pregnancy, and protracted nursing, also from a peculiar miasmal state of the atmosphere, which produces a morbid condition of the internal viscera, and in some years causes the disease to appear as an endemic in some malarious situations.

Anæmia is so much confined to the vicinity of the sea, or within the range of the sea breezes and salt marsh exhalations, that it has been called the salt-water disease by some physicians. It is, however, probable that it may be generated in the vicinity of damp, marshy soils, in the interior of the country, especially if the individuals are poorly fed and clothed, and their dwellings are dark and uncomfortable. The salt

spray, combined with the marsh miasm, seems to produce a state of the fluids approaching to that of sea scurvy, in persons laboring under great debility, who reside within the range of its influence.

But from whatever cause anæmia may originate, persons with broken-down constitutions, those debilitated with previous diseases, and those whose systems are rendered weak and irritable by the puerperal state and protracted nursing, are among the first to suffer from the disease ; and in them it is very difficult to cure during the period of gestation and the debilitating process of nursing.

Physicians seem to differ with respect to the primary seat of the disease ; whether the digestive functions are the first to suffer, and the liver, spleen and other organs become secondarily affected, or vice versa, yet remains to be proved.

In all diseases where the digestive functions are much impaired, great attention should be paid to diet ; for unless it be mild and unirritating, very little advantage will be derived from any remedial measures employed. In a debilitated state of the stomach, from either a primary or a symptomatic affection, strong nutritious food cannot be digested, and will therefore add to the difficulty and distress already existing in that organ, and the undigested food, by passing into the bowels, will increase the irritability, flatulence, and colicky pains, which are only relieved by the ejection of the offending materials per anum. But a decided benefit may be derived from a mild diet, composed of those articles of food which are easily digested, and which require but little exertion of the stomach to effect it. Food of a proper quality and quantity, when taken in a healthy or diseased state of the system, ought never to distress the stomach ; and whenever it does, it is certain that either too much or food of an improper kind has been eaten. Therefore in this disease, especially, the patient should select for diet those articles which experience has proved least apt to distress the digestive organs. It is the general opinion of the patient and her friends, that the extreme debility is owing to the want of sufficiently nutritious articles of food, especially if she continues to nurse her child ; and hence the attending physician is often censured for restricting the patient's diet. We admit that the patient is suffering from inanition, but not from the quantity of the ingesta, but the inability of the digestive organs to convert the aliment into healthy chyle.

With respect to diet and the employment of medicines in this and other chronic diseases, we perfectly agree with the late Dr. John Armstrong, who, in his work on chronic affections, observes—"The long catalogue of prescriptions for chronic diseases, at once indicates that all is not right in our pathology, as it implies that each prescription is liable to fail, and that the whole may be successively required. Where we have no fixed principles to guide us, our prescriptions accumulate with empirical rapidity. We may make a sort of druggist shop of the stomach of every patient laboring under chronic diseases, by alternately cramming it with most articles of the pharmacopœias ; but we shall not probably advance in the treatment, until we deduce pathological principles, from cautiously marking the rise and progress of the symptoms, and exploring their seats and effects. It is never safe at once to arouse the system from

collapse into strength. In reality it cannot be done; for when the powers of life are over-exhausted, their vigor can only be gradually restored. On all occasions, therefore, it is better to let the system renovate by light, cooling support, than to stimulate it by strong food, wine and tonics; and though there may be cases which require a deviation from this plan, on account of extreme exhaustion of the patient, yet they will be found few in comparison to those who require an opposite plan. From long and unbiased observation, I am fully convinced that most of the medicines called tonics, are either useless or pernicious, and if they were erased from the pharmacopœias it would be a real benefit to the profession and to mankind, for they only serve to mislead the former, and to tantalize or injure the latter. Tonic medicines generally oppress the digestive functions, or operate as direct stimulants, and in either case are improper in convalescence, for by the first they may destroy the natural appetite, by the last may lead to chronic inflammations" of some of the most important internal viscera, which is the general result of an improper use of tonic remedies during convalescence from most diseases, although to this general rule there may be many exceptions.

"While the vital fire
Burns feebly, heap not the green fuel on;
But prudently foment the wandering spark,
With what the soonest feels its kindred touch:
Be frugal even of that: a little give
At first; that kindled, add a little more,
Till, by deliberate nourishing, the flame
Revived, with all its wonted vigor glows."—*Armstrong on Health.*

The treatment of this disease usually recommended by writers on the subject, appears to us extremely empirical, and the result of a deficient or incorrect pathology, and is better adapted to palliate symptoms than to cure the complaint. Dyspepsia and cardialgia, with acid eructations, accompanied with an occasional vomiting of acrid phlegm, being among the first and most urgent symptoms, has induced physicians to prescribe for these distressing sensations, alkalies, absorbents, stomachics, &c., under a belief that the stomach was the primary seat of the affection; but a long course of these remedies proving only palliative, has finally induced the belief that the disease is incurable. At last it turns out, however, to be some difficulty of the lungs, liver, spleen, pancreas, or organic nerves, which interferes with the process of digestion or sanguification. The stomach, not even excepting the brain itself, is the greatest centre of sympathies, and therefore physicians are extremely apt to be deceived by its morbid actions, and should be extremely cautious in investigating its diseases.

Treatment.—We shall first review, in detail, the usual treatment employed in *anæmia*, and afterwards give our own particular views on the subject.

The first step in the cure of this disease, is to remove the patient from the location where it was contracted, to an elevated, dry situation in the country, whenever it can be done. In the case of nursing females, weaning the child, in addition to a change of residence, will very much facilitate the cure; and in some cases a cure cannot be performed whilst nursing is continued.

When the disease is caused by excessive flooding, over-leeching, or hæmorrhage from any other cause, transfusion of blood has proved a speedy and an effectual remedy; also a light, nutritious diet, a small quantity of brandy and water three or four times a day, warm clothing, and being as much as possible in the open air. When anæmia proceeds from salivation or any other excessive drain from the system, particular attention should be directed to this affection, which being removed, the disease often ceases without the use of further remedies.

In diseases accompanied with much debility, it may be an important question whether bleeding should be practised, and to recommend it in a disease of bloodlessness would seem preposterous. When, however, at the commencement of the disease, a fullness and tenderness is felt at the pit of the stomach, or in the region of the liver, a decided benefit may be derived from the employment of eight or ten leeches to the part affected, especially in the case of pregnant women. A few leeches will control the circulation as much as a full bleeding from the arm; a fact which it is difficult to account for, except upon the principle of a sympathetic action upon the heart. This is a circumstance of much importance in a disease of debility, by taking no more blood than is just sufficient, without exhausting the whole system. But we wish it distinctly understood that we recommend bleeding with leeches not as a general remedial measure, but yet important in some particular cases.

In ordinary cases the cure is generally commenced by a gentle emetic of ipecac, with a view to dislodge the acrid phlegm from the stomach, to excite a healthy action in the liver, pancreas and other glands connected with the digestive apparatus, to determine to the surface, and to equalize the circulation. After vomiting, if the bowels remain costive, a cathartic of calcined magnesia and rhubarb, combined with 4 drops of the oil of anise, and 10 or 15 of the tincture of hyoscyamus, should be given, and occasionally repeated during the continuance of the constipated state of the bowels. Cathartic remedies, however, must be employed with caution, and at the commencement of the disease only, lest they excite a diarrhœa which will be difficult to restrain; and whenever cathartics are employed, they should be combined with aromatic and antispasmodic remedies. Sometimes emollient enemas may be substituted for the laxatives.

After premising these articles, remedies that gently excite and permanently promote the organic functions, such as iron, bark, cascarilla, sulphate of quinine, camphor, ammonia, ether, or small doses of iodine, should be employed. These remedies may be occasionally combined with hyoscyamus, conium, extract of hops, or extract of dandelions, when the bowels are costive and the disease is accompanied with colicky pains; but when a diarrhœa is present, opium should be preferred to the other narcotics. The muriated or vinous tincture of iron, or the native chalybeate mineral waters, are generally the best preparations of the metal, as they irritate the bowels less than iron in substance; though some physicians prefer the carbonate, and Professor Halle, of Paris, "prescribed one drachm of iron filings daily with tonics and opium, and under this treatment all the symptoms gradually vanished, the capillary vessels re-

appearing on the surface. Gentle exercise on horseback, in the pure air of the country, facilitates recovery. If a costive state of the bowels continue, notwithstanding the use of the magnesia and rhubarb, the compound myrrh and aloes pill, combined with iron and hyoscyamus or assafoetida, should be substituted for it. When hysterics, palpitations and other nervous symptoms are present, zinc, valerian, ammonia, galbanum, myrrh, ether, and other antispasmodic remedies, may be combined with the tonics. If the secretions of the liver are deficient or vitiated, a blue pill given at night, and worked off in the morning with rhubarb and magnesia, may be occasionally employed, but should not be continued until pyalism is induced, for this never fails to aggravate the disease and to hasten the breaking down of the constitution.

When the spleen is evidently enlarged, the tonic practice may be followed, such as giving the chalybeates and small doses of iodine, the extract of conium and the extract of dandelions. Whilst writing this article, we have a patient recovering rapidly, under the use of these remedies, from anæmia accompanied with enlarged spleen. Dr. Twining found purgatives highly beneficial in enlargement of the spleen, in India, and he has successfully employed the following formula in his practice, which he calls the *spleen mixture*. R. Pulv. jalap, pulv. rhei, pulv. columbo, pulv. zinziber, potassæ supertartratis, āā one oz. ; sulphas. ferri, gr. 10 ; tinct. senna, oz. 4 ; aqua menth. sat., oz. 10. Combined. An ounce and a half of this may be given daily to an adult. Friction over the affected side with croton oil very much assists other remedies in reducing the enlargement of the spleen. But, says Dr. Johnson, "It deserves to be impressed on the attention of every physician, that there is not, perhaps, a more dangerous or destructive practice, than that of exhibiting mercurials in most splenic enlargements. The constitutions of the majority of patients, affected with this disease, are unusually susceptible of the injurious effects of this mineral, and, therefore, as Dr. Abercrombie most justly remarks, *attempts to reduce enlargement of the spleen by mercury are generally followed by the worst consequences.*"—*Johnson's Review*, Vol. 30, p. 536.

Friction with croton oil over the region of the spleen facilitates the cure of spleen affections. For further particulars respecting the diseases of the spleen, and their connection with scorbutis, chlorosis and anæmia, see Vol. I. of the Clinical Illustrations of the Diseases of Bengal, by the late Dr. Twining, of Calcutta.

If the cardialgia continues and is accompanied with a diarrhœa, either the creta mixture, or lime water and milk, should be given in sufficient quantities to neutralize the acid ; but when the gastric derangement is attended with a costive state of the bowels, calcined magnesia, carbonate of soda or carbonate of ammonia, should be substituted for the other alkalies ; and in cases of great debility the carbonate of ammonia in small doses, frequently repeated, is preferable to any other, for it answers the two-fold purpose of relieving the cardialgia and of supporting the *vis vitæ*. When the mouth is very sore and the flow of saliva abundant, the patient should be directed to eject it from the mouth, for, if swallowed, it never fails to induce a looseness, or aggravate it when already present.

When the seat of the irritation has been removed from the stomach to the mouth, it appears to be an effort of nature to relieve a vital organ; and we may further add, that whenever medicines are prematurely applied to the local ulcerations of the mouth, before the morbid secretions are changed by a proper treatment, the ulcers may be healed, but with the certainty of again changing the seat of irritation to some other part of the *primæ viæ*, which is more essential to vitality; and this practice, instead of advancing the cure, hastens on the fatal termination, for the stomach and bowels are made to bear the onus of the disease, by which means the process of digestion is almost completely interrupted, and perhaps as much mischief is done to the system by removing the seat of irritation from the mouth, as is done by repelling exanthematous diseases from the surface to the centre of the body.

If this view of the subject be correct, it affords ample proof that the affection of the mouth is symptomatic of some distant irritation seated in a vital organ, and therefore it follows that, if the primary disease be removed, the ulcerations of the mouth heal of their own accord, or without the application of remedies. Nevertheless, the soreness of the mouth is one of the most distressing symptoms of the disease, and often entirely prevents mastication, and the employment of such food as the debilitated state of the system requires. This cause, together with the immense secretion of saliva, will rapidly emaciate, and soon reduce the system almost to a skeleton. Therefore as soon as the morbid secretions are changed, astringent gargles should be employed. These may consist of blue vitriol, white vitriol, alum or borax in solution, and combined with an aqueous solution of opium. Or the borax may be powdered and mixed with an equal quantity of either honey or loaf sugar. But of these remedies those which most relieve irritability are to be preferred. One of the following prescriptions often affords great relief. R. Extr. of catechu, 2 dr.; acetum plumbi, 20 gr.; pulv. opii, 20 gr.; aqua pura bul., 8 oz. Misce. R. Sulphas zinci, 16 gr.; pulv. opii, 20 gr.; aqua pura bul., 8 oz. Misce. R. Sulphas cupri, 2 to 4 dr.; aqua pura bul., 8 oz.; pulv. opii, 24 gr. Misce. R. Marsh. ros., 1 oz.; borax, 2 dr.; pulv. opii, 20 gr.; aqua bul., 8 oz. Misce.

In addition to these gargles, the vegetable astringents, in decoction, may be employed, such as the bark of white oak, sage, willow, the roots of the high and low briars, peruvian bark, nut galls, pomegranate, &c.; but a portion of opium should be added to either of these when used.

When by the too early use of repellant gargles, or by swallowing the contaminated saliva, the mucous membrane of the stomach and bowels becomes affected, a diarrhœa or a dysentery follows, which is difficult to remove and demands the most prompt and efficient remedial measures, or the patient soon succumbs to the disease. In these cases, in addition to the mild cathartics and absorbents above recommended, mineral and vegetable astringents are required, such as the gum kino, extract of catechu, extract of logwood, decoction of the briar roots; or white vitriol, 12 gr., tinct. opii, 2 dr., water, 4 oz., given one teaspoonful every hour or two; or alum and sulphate of iron in equal parts dissolved in water, and given in the dose of two or three grains of the salt;

or the acetum plumbi, 3 or 4 grains, dissolved in a small quantity of water, to which may be added one table-spoonful of linseed tea, or starch water, and 40 drops of laudanum, which may be thrown up the rectum and repeated two or three times daily. And if the bowels are very irritable, notwithstanding the enemas, the following pills, from one to four at a time, may be given four times in 24 hours. R. Acetum plumbi, 25 gr.; pulv. opii, 25 gr.; crumbs of bread, q. s. Moisten the crumbs of bread and then mix in the other ingredients, and divide into one hundred equal pills.

If these anodynes are not sufficient to relieve the tormina, tenesmus, irritability and pain of the bowels, either more opium or Dover's powders should be given, and repeated as often as renewed distress requires their exhibition. Of all the preparations of opium, the pulv. Doveri is perhaps the best, in diarrhœa and in dysentery, for it equalizes the circulation, opens the pores of the skin, and diverts the fluids from the centre to the surface of the body. In short, the dysentery attending this affection may be treated like dysentery from ordinary causes, with this difference, that it will not bear the employment of mercury, nor frequent cathartics; and whenever laxatives are given, they should be combined with assafoetida, hyoscyamus, or some other anodyne, to prevent an undue excitement of the irritated bowels.

When the mucous membrane of the rectum becomes excoriated, ulcerated, or covered with thrush, the injection of the acetum plumbi, combined with laudanum, or white vitriol, 16 gr. dissolved in 8 oz. of water, to which 40 drops of laudanum are added; or a solution of 4 dr. of borax in 8 oz. of water, with 40 drops of laudanum, afford much relief. Mucilaginous diluents, such as linseed tea, slippery elm, or a solution of gum arabic in water, should constitute the drink of the patient, and the food should be light and farinaceous, such as milk porridge thickened with arrow root.

When the dysentery abates, and debility alone remains, the infusion of quassia, camomile or columbo, may be employed as tonics; or instead of these, an infusion of the red bark in lime water, or the sulphate of quinine. Also in this stage of the affection some one of the preparations of iron are indispensable in the treatment. The muriated and vinous tinctures are among the best preparations, but some prefer the phosphate, the carbonate, sub-carbonate, or filings; but according to our experience, the iron in powder irritates the weakened stomach and bowels. Griffith's myrrh mixture or pills is a valuable compound of iron; and either these, or pills composed of white vitriol and myrrh, may be given three times a day. During the whole course of the disease flannel should be worn next to the skin, and the warm or vapor bath occasionally employed.

The above treatment comprehends nearly all the remedial measures which have generally been employed in the cure of anæmia; but the want of success attending their administration has become proverbial, and we appeal to all physicians much conversant with the disease, whether they have not been often disappointed in curing it, by any or all the remedies usually recommended by writers on the subject. There-

fore, this empirical practice should give place to one founded upon rational and pathological principles.

(To be continued.)

A CASE OF PUNCTURED WOUND.

BY W. B. RANNEY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. FAIRBANK, æt. 40, on the 8th of September last, trode upon a cambric needle with the bare foot. It penetrated the heel, as she thought, about half its length, and was extracted entire, though requiring considerable force. The pain at first was considerable, yet she kept about her ordinary work, and even spun at a great wheel two days after the accident. But the pain and soreness increasing, on the 14th I was called to prescribe. Heel tender and very painful, but very little swollen. Tongue heavily coated and rather brown; pulse one hundred, or upwards, and hard; considerable heat of the body, and nervous excitement. The wound, on the closest inspection, could not be distinguished; but, guided by the patient's knowledge, and the exquisite sensibility of one small spot, I made a free and deep incision, intending to enlarge, if possible, the original wound. I then opened a vein upon the ankle, which bled freely, and took 20 or 24 oz. of blood; gave 20 or 30 grs. of calomel, to be followed with sulph. mag. till a brisk cathartic effect should be produced—after which, opium and camph. to be repeated "*pro re nata*." To the wound a pledget of lint, wet in laudanum, was applied, and the whole heel to be enveloped in a poultice of linseed meal.

On the 15th, 16th and 17th, the symptoms much the same; no material relief derived from a rigid antiphlogistic and depletory course. Some severe rigors at irregular periods, equal in violence to the cold stage of an intermittent; the pain severe, notwithstanding the free exhibition of anodynes; tongue dark and dry; restlessness; distressing nausea, and occasional vomiting of bilious matter; countenance sallow, and pulse rapid.

18th. I discovered fluctuation, which appeared to be superficial, and very distinct. Made an incision, and discharged an ounce or two of sanious, fœtid matter; and, to my surprise, without giving the least pain to my patient. On a close examination, it appeared that the matter lay immediately under the cuticle, in this place very thick, of course, and on the removal of which, the cutis vera was nearly black and insensible, it being, with the tissue beneath, entirely gangrenous—and yet the pain but little, if any, abated. Yeast poultices, with charcoal, were ordered, wetted in part with the chloride of soda. Internally, port wine, quinine, and sulph. acid, and morphine to procure rest. The internal treatment, however, she could not bear—not even wine in small quantities, it producing a distress at the stomach, with a burning sensation and vomiting; the whole abdomen painful and tender, although the bowels were often moved with enemas, calc. mag., &c. The local applications seemed

to arrest the progress of gangrene, and in two or three days an entire separation around the edges had taken place; but the mass adhered by a sort of ligamentous matter to the os calcis, and showed no appearance of giving way. These attachments were carefully removed with the scalpel, without the slightest sensation to the patient, and the whole ball of the heel taken away, leaving the periosteum entirely naked. This, at first nearly natural, soon assumed a livid complexion, and partly detached itself from the bone. Attempts were made to approximate the edges of the wound by adhesive straps, and to promote granulation by emollient and antiseptic applications, but in vain. The pain continued severe through the entire foot, and especially about the ankle-joint, from which a discharge of foetid pus broke out, just below the outer malleolus. The constitutional symptoms severe and threatening; vomiting, sweats, emaciation, diarrhoea, aphthous mouth, rapid pulse, and seemed to bid defiance to all curative measures.

Under these circumstances, a consultation was held October 9th, and it was unanimously resolved that amputation alone could save the patient from speedy dissolution; and fears were entertained that it had already been deferred too long.

The operation was immediately performed by Dr. Jones, of Ludlow, assisted by Drs. Holton, Clark, Ladd, and myself—making use of the gastrocnemii muscles to form the flap. She bore the operation with true Spartan firmness. The unfavorable symptoms soon subsided, and the wound healed mainly by the first intention. November 6th the last ligature came away, and the health and strength were soon restored.

On examining the foot, it was found that the ankle and all the tarsal joints were in a state of ulceration, and in many of them the cartilages were nearly destroyed by ulceration or absorption—beginning at the circumference and terminating at the centre—leaving the articular surfaces of the bones denuded, rough and spongy. It had been before observed that when the foot was moved, a crepitous sensation was produced, as in a case of fracture.

A similar case of articular inflammation in the foot of a lad eight years of age, arising from no known cause, has since fallen under my observation, and which proved fatal within ten days—in which the crepitus was equally perceptible, and on dissection the same appearances were exhibited. I saw the case only a few hours before death, in consultation. It had been mistaken for a case of necrosis, and early depletory measures neglected.

Townshend, Vt., March 22, 1839.

SANDWICH ISLAND ANATOMY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the present age of book making, the appearance of a new work, on any subject, rarely excites surprise, be it the production of the novice or of the well-instructed master of his art. Our periodicals groan under the constantly accumulating columns of newly appeared or

forthcoming works. The memory is taxed to the uttermost to retain simply the titles; and while great multitudes are speedily forgotten, a few find ready access to popular favor. But the most able and meritorious hardly escape forgetfulness, before the clamorous pretensions of newly arrayed volumes, demanding a *review*.

A late number of your Journal contained a brief allusion to a work on anatomy, just published at the Sandwich Islands, though no request was made, as in the case of the Danish publications, for translations. The work, in view, appears before us with no superlative or lofty pretensions, either by its magnitude or originality; being simply a brief compilation. There are no lofty or dignified titles prefixed to it, and if the compiler, G. P. Judd, M.D., is not an honorary member of any of our national or local literary or philosophical societies, it is not because he is deficient in scientific merit or professional skill; and if he has not the reputation, annexed to the privilege of being attendant physician at any of our great *hospitals* or *almshouses*, he has the more enviable distinction of laboring for the disinterested and laudable object of doing good—of administering, gratuitously, on a vastly enlarged scale, to the many thousands around him. The work has not been obtruded on our notice with the expectation that we should bring it forward to the attention of the world; but our admiration and interest have been excited, in no small degree, by the circumstances under which it has appeared. It shows itself in the comprehensive form of only 60 printed pages, and 13 pages of plates illustrative. The title page has the simple appellative, *Anatomia*; and adds, further, *He Palapala la E Hoike Ai I Ke Ano O Ko Ke Kanaka Kino. Ua Kakania ma ka olelo Hawaii, i mea e ao ai i na haumana o ke Kula Nui, ma Lahainaluna*; which translated runs thus. "Anatomy. A work showing the structure of the Human System. Compiled in the Hawaiian language, for the benefit of the members of the Seminary, at Lahainaluna."

The moral and religious world have been amazed at the rapid advancement of the people of the Sandwich Islands. They have seen, as it were, "a nation born in a day." The scientific world have also cause to wonder. In the period of only 18 years from the commencement of the mission, the language has been reduced to a written form, books have been prepared, schools and churches established, and such proficiency made in knowledge that a work on anatomy has been found desirable to supply the increasing call. It may be a subject of self commendation for you, Mr. Editor, that your excellent *Class Book of Anatomy* has been made the basis of Dr. Judd's manual. Yours, &c.

March 25, 1839.

OBSTETRICAL STATISTICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I remember seeing, some time since, in your Journal, a suggestion that it would be a proper time to contribute something to its pages when your subscribers sent in their annual subscriptions; and being

reminded of the latter, an association of ideas led me to recollect the former.

Not having, at this time, leisure to go into any lengthy detail of cases, I barely sketch from my note book on midwifery the general outlines and classification of cases which have occurred in my limited practice since I commenced in Lanesborough, in April, 1833, to the time I left practice there in August, 1838. By this I find I have attended 194 obstetric cases, besides 21 abortions. In the following table we are presented with the general characteristics of each case, and the proportion of each variety of labor, as they occurred in my practice.

	Natural.	Breech.	Feet.	Face.	Shoulder.	Knees.	Placenta.
Presentations - - - -	185	2	2	1	2	1	1
Natural Labors - - - -	170	1		1			
Complicated with fainting - -	2						
" convulsions - -	1						
Deformed pelvis - - - -	1						
Recort to art—turning - - -	1				2		1
" forceps - - - -	2						
Stillborn - - - - -	1	1	1				

Of the above 194 labors, 6 were premature—of which 1 was a breech presentation, the other 5 natural; only 2 of the children survived 24 hours, although all but one was born alive, but soon expired. But two twin cases have occurred in my practice.

J. W. PALMER.

Austerlitz, N. Y., March 13, 1839.

POISON NOT ALWAYS POISONOUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent looks too deeply for my meaning in the expression "a man may use poisons and not be poisoned." A man may use poisons in such small quantities that their action will be controlled, and their deleterious effects will be entirely prevented, by the conservative principle, which in some shape and under some name is acknowledged by all physiologists. This is my meaning as clearly as I can express it, and I need not refer to a multitude of familiar facts which exemplify it. The same vital affinity which prevents chemical agents from working changes in the structure of the stomach during life, also counteracts the specific effects of poison, provided the concentration of

such poison does not extend beyond a certain degree. Take, from the list of poisons in the article "Toxicology," in the excellent *English Cyclopædia of Practical Medicine*, iodine, alcohol, garden lettuce, carbonic acid—is it not obvious that we can receive the action of these substances in certain quantities, without their specific effects being in the least degree developed? And yet a man may be narcotized by alcohol and lactucarium, and asphyxiated by carbonic acid. But the most familiar exemplification is in the action of heat and cold upon our systems. These are hurtful agents, destructive, even, in a certain degree of intensity; and yet when their impressions do not transcend the ordinary power of resistance of the *vis vitæ*, there is absolutely no injury done by them. And these remarks, I hold, apply to prussic acid.

Perhaps I have now said all it is safe to advance; but if you will insure me against the labor of meeting controversy, I will add, that, as a friend of temperance, I do not like to see so much stress laid on the word *poison*. It is not enough to prove that an article contains poison. Prove that its effects, when used as a beverage, are *poisonous*, and that the natural consequence of its being introduced into general use will be that men will be *poisoned* by it, and then the inference follows that it is wise to discard it. This I hold to be the proper connection which we, as physicians, have with the temperance reformation. Distilled spirit has been tried by this rule, and the verdict is against it. Yours, &c.

Salem, March 27, 1839.

A. L. P.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 3, 1839.

ARTIFICIAL PALATES.

SOME very ingenious specimens of workmanship in gold have been shown us, of late, intended to remedy the effects of cleft palate. Dr. Geo. H. Gay, an operative dentist, who resides at No. 252 Washington st., Boston, seems to have given particular attention to this kind of malformation, which he has found means to remedy in a way that calls forth our admiration. A two-fold advantage arises from the contrivances devised by this gentleman: in the first place, food and drinks are swallowed with less difficulty, as the communication between the mouth and nostrils is effectually cut off, as in a well-formed roof; and secondly, the whole character of the voice is at once changed, from an indistinct nasal sort of echo, to something like a properly-modulated tone. This, however, becomes more and more perfect by experience. Without going into a long account of the precise mode of adjusting the artificial to the natural but defective apparatus of the naso-pharyngeal cavities, we strongly recommend Dr. Gay to this class of unfortunates. The expense is by no means unreasonable, and it is therefore within the reach of those who do not happen to be rich, to avail themselves of this curious and important assistance. Editors of newspapers would doubtless confer a favor on many who may suppose themselves beyond the reach of art, by circulating this information.

New York Medical Examiner.—For three or four weeks past, the *New York Whig*, in its modified form, comes to us minus the *Medical Examiner*, which was a very important department, and interesting to the general reader, as well as to the medical profession. No reason has yet been given for relinquishing it, and hence some considerable anxiety is manifested to know why the terse and spirited manager has left his friends so abruptly—without even saying God-speed to his survivors. With the extinction of that bright light, there is not even a farthing-candle luminary left in New York in the shape of a medical periodical, so that we have no means of ascertaining a single item of that sort of intelligence which it is supposed may always be collected in a great city. In this dilemma, it has occurred to us that it is possible the editor of the late *Examiner*, with whose name, to our regret, we are unacquainted, may be on the eve of elaborating a distinct publication, in which he can make an exhibition of his powers to far better advantage than in a common newspaper. However, after waiting a reasonable time, if there is no resuscitation of the old favorite, or the projection of a new one, we shall deplore the loss, and seek through private correspondence for the medical chronicles of the commercial emporium.

The Philadelphia *Medical Examiner* continues to be conducted according to the original design, and gains favor wherever it circulates.

Maryland Insane Hospital.—It seems, from a paragraph in the *Medical Library*, that a report has been made by Dr. Collins, chairman of a committee of the House of Delegates, and that the people of that State are “sensibly alive to the condition of the insane.” It is to be inferred, therefore, that an institution for their accommodation is contemplated. The progress of humanity requires that that neglected and much abused class of unfortunates should be provided for in the most comfortable and liberal manner, throughout the entire country. Massachusetts has a pattern hospital for lunatics, admirably conducted, which may be visited to great advantage by those who are appointed to organize asylums for the same philanthropic purpose. New Hampshire is in a good way: within one or two years, at farthest, it is presumed that those wretched outcasts, who, in consequence of their alienation of mind, have been chained in hovels, and starved and frozen, as unfeelingly as though they were criminals of the worst description, will all be provided with a cheerful, happy home.

General Washington's Teeth.—A few days since a small engraved profile was shown us, under which were these words—“John Greenwood, Dentist to his Excellency General Washington.” This led to further inquiries, when we were informed that General Washington, in the latter part of his life, wore a complete set of artificial teeth, on both jaws, which were manufactured by this Mr. Greenwood, who then resided in the city of New York. Washington usually had two sets on hand, in order to meet any sudden emergency, in case those in use were broken. A letter is extant, in which he requests Mr. Greenwood to forward a new set, that he might be prepared to speak before the ensuing Congress. The last tooth which was extracted from the General, being carefully preserved, came ultimately into the possession of the son of Mr. Greenwood, also an eminent dentist of New York, who had it secured very choicely in a gold seal, many years ago, and which is still kept, and believed to be the only organic relic, not entombed, of that great and good man.

From the *Traité Complet de l'Art du Dentiste*, the following note is extracted, in relation to the mode in which the teeth of the President were kept in place. "L'usage des ressorts à spirales date de plus d'un demi siècle. Leur emploi est d'ailleurs si facile que les personnes qui portent des dentiers fixés par ces moyens d'attache peuvent aisément les changer elles-mêmes à volonté: voici à cet égard ce que George Washington écrivait, le 20 Janvier, 1797, à M. Greenwood, son dentiste: 'Envoyez-moi des ressorts à spirales d'environ un pied de long, sans les couper, et joignez à cet envoi à peu près le double de cette longueur de fil d'or peu cassant, du diamètre que vous jugerez convenable pour que je puisse les fixer comme de coutume à mon dentier.' La lettre dont nous avons traduit ce passage est entièrement écrite de la main de Washington; elle est datée de Philadelphie, et elle nous a été envoyée par M. Greenwood fils, l'un des dentistes les plus distingués de New-York."

Creosote.—A correspondent is solicitous to know in what manner creosote is prescribed to be most serviceable, in what diseases, and the exact strength of the article which is requisite. He also inquires—is the pure creosote colorless? "That which we obtain," he says, "is of an amber hue." There is such a diversity of opinions upon the subject, that we much prefer to hear from some gentleman who has been in the habit of using it extensively in a miscellaneous practice, presuming that he would more satisfactorily answer the inquiries of the person alluded to above.

Machines for Spinal Distortions.—We have been informed by an anonymous correspondent, through the post office, that Dr. Abbe, of Litchfield, Conn., who has a private establishment for the treatment of spinal distortions, is discarding the brass *corslets*, and is copying the apparatus made use of by Dr. Brown at the Orthopedic Institution in this city.

Premature Parturition—the Infant weighing but seventeen ounces—lived twenty-four hours.—At a late meeting of the Medical Society of Augusta, Geo., the doings of which are fully reported in the Southern Medical Journal, Dr. Dugas related the following case. Phillis, a young negro woman, had a severe attack of remittent fever, during which she was repeatedly threatened with abortion, having violent uterine contractions, which were usually quieted by opiates. She was discharged well on the 15th September, and continued so until the 2d of October, when, about an hour before day, she was taken with nausea, vomiting, and violent labor pains, soon followed by a discharge per vaginam. I gave her an opiate, but in an hour after she was safely delivered of a girl weighing *seventeen ounces*, and which lived four and twenty hours! The little infant opened her eyes, cried, sucked a "sugar teat," would gape, and indeed seemed disposed to live on. She, however, gradually became less vivacious, and finally died.

When called to see the mother, I found the fundus of the uterus nearly or about as high as the umbilicus, which had led me to estimate the pregnancy as one of six months; but from the calculations of the mother and grandmother, as well as from the child's development, it could not have exceeded five and a half months.

Army Surgeons.—A medical commission will be in session in the city of New York on the 15th of May, for the examination of medical gentlemen who may wish to enter the Medical Staff of the Army of the United States. By a reference to the American Medical Almanac of 1839, page 16, the mode of making application, with every other necessary information, may be obtained. The opportunity for obtaining commissions is highly favorable.

Burns.—In the Pennsylvania Hospital, recently, four cases of *burns* were treated, two of which involved more than two thirds of the body, and died within twenty-four hours after admission. The others were principally treated by the stimulant practice. One was dressed at first with raw cotton, which was continued for a week, when, on removing the dressings, owing to their offensiveness, several parts were found filled with maggots, produced, no doubt, from the egg having been previously laid in the cotton, as the weather was too cold for the fly to be about. When a severe case is first received, it is sometimes dressed with warm poultices, until the sloughs separate, and is found to be comfortable to the patient, and ready of application,—*Dr. Harris's Report in Medical Examiner.*

Glanders in the Human Subject.—The identity of glanders in the human subject and in the horse has been recently demonstrated by M. Rayer. A patient in M. Roux's ward, at the Hotel Dieu, had contracted glanders while examining a diseased horse. M. Rayer took some pus from the patient, and with it inoculated a healthy ass. The animal died with all the signs of acute glanders, nine days afterwards.—*London Lancet.*

Medical Miscellany.—Dr. Harvey Lindsley, of Washington, has been writing on the "Ill health of American women," in a southern literary paper. If he has made any discoveries, why not present them before the profession through an appropriate organ, a journal of medicine?—It is estimated that the blood circulates through the head 4000 times an hour, and that the entire volume of blood passes once in every three minutes through the heart.—No. 6 of the American Phrenological Journal is abroad, but the articles in it are too tediously long—and, in point of scientific interest, fall below those of the five preceding numbers.—Health Tracts for February and March, have been published in Boston, which will have just about as much influence on the public as snow tracks.—Considerable anxiety is felt for Dr. Van Wyck, Assistant of the U. S. Fleet Surgeon of the Mediterranean Squadron, who had an apoplectic fit on deck, near Gibraltar.—An asylum for the deaf, dumb and blind, is to be established at Staunton, Augusta Co., Virginia, by a recent act of the Legislature.—Dr. Flint, of the Louisville Medical Institute, has performed the operation of lithotomy very successfully. He cut to the staff, and entered the bladder with the same instrument—a long, narrow scalpel, which he considers the simplest way of proceeding, when the perineum is not very deep. He intends to perform lithotripsy—an operation never yet performed west of the mountains.—At Cincinnati, the faculty of the two rival medical schools are represented to be quite by the ears; it is even said that Dr. Mussey has been forced into the controversy, but Dr. Parker takes no part or lot in the matter.—In the village of Lower Sandusky, Ohio, is a female albino—a fac-simile negro in conformation, born of black parents, but with a fair, white skin and hair.

DISEASE.—At Tecumseh, Mich., Dr. Isaiah C. Straw, late of Methuen, Mass., aged 30.—In Boston, Dr. William King, electrician, 78.—At Baltimore, Dr. John James Giraud, 85.

Whole number of deaths in Boston for the week ending March 30, 36. Males, 19—females, 17.

Of consumption, 8—typhous fever, 1—infantile, 2—scarlet fever, 6—lung fever, 2—old age, 1—marasmus, 1—fits, 1—Intemperance, 2—debility, 1—croup, 1—dropsy on the brain, 1—asthma, 1—apoplexy, 2.—Inflammation of the brain, 1—stillborn, 2.

OUTLINES OF THE INSTITUTES OF MEDICINE,

FOUNDED on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"New York, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston.

M 20.

SITUATION.

A YOUNG PHYSICIAN, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 3000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained.

M 6—4teop.

TO PHYSICIANS.

A PHYSICIAN wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid.

M. 27—4f

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lyeop

33 Prince St. corner of Salem St. Boston.

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston.

J 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, APRIL 10, 1839.

No. 9.

A DISSERTATION ON ANÆMIA.

[Concluded from page 124.]

MERCURY, from its general stimulating effects, has been universally esteemed as one of the most powerful of known alteratives; but its chief medicinal power seems to depend upon removing obstructions from the whole glandular system and upon equalizing the circulation. Whatever good effect, however, it may produce in inflammatory, congestive, and some other complaints, from long experience we are satisfied that in diseases of debility, its stimulating properties never fail to break down the constitution and to quicken the fatal tendency of the disease. Therefore, except an occasional blue pill at night, to be followed with some gentle cathartic next morning, mercury should never be employed in the treatment of anæmia. Hence some other remedy, possessing an influence similar to that of mercury over the secretions, must be sought for, which will not add to the existing debility. In reflecting upon the various articles of the *materia medica*, in order to select some one of them, whose action would pervade the whole system, without producing that debility which follows the employment of mercury, sulphur was chosen, because it acts most powerfully on all the secreting organs, especially on the liver, spleen, pancreas, kidneys, perspirable glands of the skin, and on the secretions of the mucous membranes of the alimentary canal. It also increases the animal heat, which is always deficient in anæmia.

Another reason for employing sulphur in the cure of bloodlessness, was the high encomium passed by the late Dr. John Armstrong on the sulphuretted hydrogen gas, as naturally combined with the Harrowgate and other similar mineral waters, when employed in the cure of chronic affections. These mineral waters often removed the disease, after mercury and the usual remedies failed to give relief. We also knew it to be successfully employed by the planters of the south and west in removing the intermittent fevers of their slaves, and consequently that it possessed tonic properties; that in all cases, where employed for any length of time, it uniformly increased the animal heat, vigor, and strength of the muscles, and consequently the activity of the whole body—circumstances of much importance in all diseases of debility. Now in this substance we found an agent capable of exerting nearly as great an influence upon the secreting organs as mercury; but with this difference, that its long continued use invigorates the system, whilst mercury in-

creases the irritability and debility attending the disease. Chemists have ascertained that sulphur is a constituent part of the blood ; and it is a subject worthy of investigation to inquire whether the blood may not be deficient in sulphur, in anæmia and some other diseases.

These considerations induced us to employ sulphur in the treatment of anæmia, and we have not been disappointed in the good effects anticipated from it ; for under its exhibition the circulation becomes more equalized, the coldness of the feet and hands gives place to a natural warmth, and the paleness of the face is changed to the glow of health ; the perspirable glands of the skin are restored to their proper functions, and the dryness of the surface is succeeded by a mild diaphoresis. The dejections show that a change has taken place in the secretions of the liver and other abdominal glands. The excoriation and ulceration of the mucous membranes of the primæ viæ heal, and the system is gradually restored to its accustomed vigor.

But this favorable issue is not always to be expected, more especially when the disease has existed for a long time previous to active medication ; yet neither the physician nor the patient should be discouraged, but persevere in the use of the medicine, and often health will be restored.

If there is a tenderness and pain at the scrobiculis cordis, either a few leeches, blisters or sinapisms, applied to the region of the stomach, may sometimes be necessary previous to the use of sulphur. The sulphur should be given in doses proportioned to the circumstances of the patient. When the bowels are costive and the patient complains of a vertigo, it should be given in sufficient doses to move the bowels once or twice daily ; but if in moderate doses it is not sufficiently laxative of itself, it may be combined with calcined magnesia—and when it produces griping, the lac sulphuris, or the washed sulphur, may be substituted, or it may be given in combination with soda or other alkalies. In those cases where a diarrhœa or a dysentery accompanies the disease, the sulphur may be reduced in quantity, and be given with opium or with Dover's powders.

Whether sulphur combined with neutral salts, as found in the natural sulphur springs, is preferable to the uncombined sulphur in substance, we do not know, but presume that all mineral waters containing the sulphuretted hydrogen gas, whether in combination with salines or not, possess high remedial properties, in this and most other chronic affections ; and where the strength of the patients is adequate to the undertaking, we should advise them to visit the sulphur springs in Virginia, if no others are found near home. The change of air will often benefit the patient as much as the medicinal waters.

To relieve the soreness of the mouth, the gargles above recommended may be used ; and when a diarrhœa or dysentery is present, the remedies before advised may be employed, notwithstanding the use of the sulphur.

Sulphur may be made into pills, combined with other remedies, as in the following forms. R. Sodæ sub-boracis, ʒ 2; sulphur. precip. 1 dr.; mucilag. acaciæ, q. s. Fiant pilulæ 24, quarum capiat tres ter quotidie.

R. Ferri sub-carbon., 1 3 ; sulphur. depur., 1 3 ; myrrhæ, 1½ 3 ; aloes soc., 1½ 3 ; fellis taur. inspis., 1½ 3 . Pounded well together, and divide into pills of 4 gr. each, of which take two or three, three times a day. Some cases will occur where the sulphur will not cure, or where from some particular idiosyncrasy it cannot be taken, when some other remedy must be substituted for it.

In a few cases we have derived much benefit from an infusion of the leaves and flowers of the garden marigold (*calendula sativa*). An extract of the leaves and flowers would contain all the virtues, and would be a much more elegant form of the medicine. It is thought to be aperient, and to promote the secretions in general, by all the old writers on the materia medica ; and it has certainly appeared to produce that effect in all the cases in which we have given it a fair trial ; and therefore we recommend the *calendula* as one of the best adjuncts to other remedies in the treatment of anæmia. In one case a physician informed us that he removed the disease by the daily and liberal use of the *calendula*, without other remedies.

The meadow rue (*thalictrum dioicum*) is a very popular remedy for curing the *canker of the mouth*, as this disease is commonly called. A strong infusion is employed internally, and also used as a wash for the ulceration of the mucous membrane of the mouth. We are not sufficiently acquainted with the medicine to decide what its real virtues are, or to decide whether it may be beneficially employed in the treatment of anæmia or not. All the species found in this region possess similar properties, so that they may be employed promiscuously.

Creosote is a medicine which has lately been introduced into practice, and, judging from the few trials made with it, we think it one of the best known remedies to remove local or general irritability of the system. In an irritable state of the stomach, attended with vomiting, it is the most effectual remedy, with which we are acquainted, to quiet this organ and to restrain its inverted action, from whatever cause, even in the cholera itself. Creosote will also remove the irritable state of the mucous membrane of the whole digestive tube, and heal the ulcerations that are present in it. Hence in anæmia, attended with vomiting and ulcerations of the mucous membrane, creosote will often prove a sovereign remedy, after other articles have failed to afford relief. The short period of time that creosote has been medicinally employed, has not disclosed many, and perhaps but few, of its healing virtues, and whether of itself it will ever be found adequate to the cure of anæmia, is uncertain ; yet it is a most powerful adjunct to other remedies, and will assist in removing some of the most distressing symptoms attending the disease. It may be given in the dose of one drop combined with a mucilage of gum arabic, every hour or two, until vomiting ceases, or it may be dissolved in chloric ether or in alcohol, which will dissolve it in any proportion. Or the creosote may be dissolved in eighty parts of water, and in that form employed as a gargle or taken internally ; but sometimes the gargle should be made of much greater strength.

We shall now proceed to mention the causes which induced us to employ an article which will extend our resources, and, as we think,

prove a most valuable addition to the remedies now in use in the cure of anæmia. As the debility in this disease increases, the irritability also increases, and hence the most effectual remedies will be all those articles which remove these two symptoms. For many years past we have successfully employed the nitrate of silver, in the pencil form, or in solution, for the cure of ulcerations on the surface of the body, especially in the case of irritable sore legs, and in that painful affection of the ends of the fingers called paronychia, and have found it one of the most powerful allayers of irritability with which we are acquainted; a few applications only in such cases being sufficient to remove the pain and irritable state of the sore, to reduce it to the state of a simple purulent ulcer, and to induce a most rapid healing process. These considerations induced us to prescribe the solution, in the proportion of 2 gr. of the nitrate to an ounce of water, for the cure of excoriated nipples in nursing women, and we soon found it more efficacious in this painful affection than any other remedy we had ever employed. We afterwards prescribed it as a gargle in the ulcerations of the throat which accompany scarlet fever, and in those burning ulcerations of the mouth which accompany the anæmia; and in these affections it was found equally beneficial as in the case of sore nipples and other irritable ulcerations, its chief efficacy, as we supposed, depending upon its power of lessening the irritability of the part affected.

Reasoning from analogy, we concluded, if the nitrate would relieve the local, it would also remove the general irritability of the system, when given internally. We also knew that it might be given internally to the extent of several grains daily, without producing any bad effects, and that within a few years it had been found one of the most effectual remedies when given for the cure of that kind of epilepsy which depends upon an irritable state of the system. Hence we were induced to employ the nitrate in the treatment of general anæmia, hoping that it would produce the same salutary effect on the mucous membranes of the stomach and bowels, that had followed its application to the mucous membrane of the mouth and fauces; also that it would remove the debility and irritability so constantly present in this disease, and stimulate the discerning system to a healthy performance of their functions.

We therefore commenced the internal use of the nitrate of silver, in the dose of one quarter of a grain three times a-day, and gradually increased the quantity up to one or two grains for a dose, if the continuance of the disease required its augmentation, and soon its good effects were visible in relieving the cardialgia, pain of the stomach and bowels, flatulence and palpitations; and in proportion to the alleviation of these symptoms, the irritability decreased, the digestive organs were restored to their healthy functions, and digestion being more perfectly performed, and the appetite increased, the wasted vigor of the system was gradually restored, and the pale cheek gave place to the blush of health. In the dysentery and diarrhœa which often attend this disease, the nitrate proved almost a specific, given either by the mouth, or in the form of enema, or both ways, as the case required. The action of this medicine is, however, not confined to the *primæ viæ*, but is extended to

the whole system, influencing all the secretions, and changing the morbid into healthy actions. Perhaps it exerts some specific power or influence over the ganglion or organic class of nerves; but whether this is the case or not, it is certain that some cases of anæmia, incurable by other means, can be cured with the nitrate, as we have several times experienced.

At this very time we have a patient rapidly recovering to perfect health, under the use of the *nitras argenti*, who has been harassed during the three last months of her gestation, and the two or three first of her nursing, with the functional derangements attending anæmia. Diarrhœa, or an almost insufferable sore mouth, has been constantly present, and occasionally there has been a vomiting of a tough, acrid phlegm, and twice from the same cause has she suffered severely from a dysentery. With the ordinary remedies we could alleviate the symptoms, but not wholly remove the disease, and we almost despaired of the patient's recovery, from the alarming state of emaciation and debility into which she had fallen, until happily the nitrate was employed.

We therefore, without hesitation, recommend the nitrate as one of the most effectual of all the known remedies, in the cure of anæmia; but to say that in all cases of the disease it would prove as certainly effectual in the cure as bark is in intermittents, would be incorrect. Yet it will sometimes remove the disease, when all other means have failed. It is also a valuable adjunct to other remedies, and the use of this article will not preclude that of any other which the disease may demand, except incompatibles. That, like mercury and sulphur, its action pervades the whole system, stimulating the glandular organs and restoring their healthy functions, is proved by the changed appearance of the bile in the dejections, also by the circumstance of its passing out at the cutaneous pores, and in some instances tinging the skin of a bluish-black color. But the skin is not very often tinged by the nitrate, unless from long-continued and excessive use, and therefore this ought to be no objection to its employment. However, when the skin becomes colored, a free use of cream of tartar is said to remove it.

The crystals being the most pure, should be preferred for internal use. The nitrate may be given in the form of pills, or in solution. The pills are made by dissolving the nitrate in distilled or other pure water, when either crumbs of bread, containing *no salt*, or some farinaceous substance, may be mixed with the solution, so as to form into a mass, to be made into pills containing one fourth of a grain each. These pills may be given one at a time, four times a day, and gradually increased until two grains are given in the course of twenty-four hours. Or the solution in distilled water may be given in the same dose.

When employed as a gargle, or in the form of enema, two grains of the nitrate may be dissolved in an ounce of water. When given per anum, to relieve the dysenteric pains, it may be combined with *laudanum*, and sometimes with starch water. This combination will be found much more effectual in relieving the tenesmus, than the *landanum* and starch without the nitrate.

Our particular views of the salutary effect of the internal use of the

nitrate in complaints affecting the secretions and mucous membrane of the digestive canal, which are usually attended with great debility and irritability of those organs, and generally of the whole system, are confirmed by the experience of Dr. James Johnson, of London, and recently by Dr. Boudin, "Who [says the reviewer] has published an interesting article in the *Gazette Medicale Marseilles*, in which he extols the remedial powers of the nitrate of silver in inflammation in general, and especially that of the mucous membranes. Dr. B. resorted to this remedy in an epidemic typhous fever (follicules enteritis) which prevailed in Marseilles, in September, 1835, with striking advantage. He used as an injection 3 or 4 grains of the salt, dissolved in 6 oz. of water, administered night and morning. In more than fifty patients, treated by this means, two only died, and the post-mortem examination of these established two important facts—first, that the remedy had not produced any irritation, superadded to the inflammation of the disease, but that many of the ulcers were in a state of cicatrization—second, that although administered exclusively per anum, the remedy had extended its action beyond the ileo-cæcal valve, and communicated to the inferior portion of the small intestines the greyish color observed in the whole extent of the mucous membrane of the large intestines. Dr. B. says it is an error, though a common one, to attribute to the nitrate of silver a local action, and as not extending an influence beyond the surface with which it is placed in contact. When given by the mouth, Dr. B. recommends this formula: *R. Argent. nitrat., gr. 6; aqua pura, q. s. Solve et adde ad saturand g. tragacanth vel amyllum. M. ft. pilul. No. 12.* One to be taken every half hour until the desired number, four or eight, be taken."

SARATOGA WATERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having been driven from Hartford, Conn., to the fountains of Saratoga for the improvement of my own health, and having, since my settlement here, been called upon by many invalids to direct them in the proper application of these celebrated waters, I have thought it might be acceptable to your numerous readers to learn something from one who has had, and expects still to have, the responsibility of advising invalids in the correct use of these powerful natural remedies.

To this measure I am not impelled by private considerations merely. No physician can assume the post I have occupied since the death of the late Dr. Steel, and witness the numbers who leave these fountains positively injured, and return home to their former medical advisers in disgust and often in despair, without experiencing deep pain and sympathy at the miserable perversion and misapplication of one of the most efficient medicines in the world. There is not one of your readers that would fail to be unhappy in like circumstances. And how can it be otherwise? Many individuals come here without any professional advice, or direction, or preparation. Having worn out their physicians, or

been the rounds of the nostrums, they resolve to spend *two or three weeks* drinking and bathing at the pools of Saratoga! Very many procure no directions from their physicians at home. A visit to Saratoga is somehow to cure them.

Precisely as if they should say, in an ordinary attack of sickness, "I will go to the druggist's and procure some medicine." "Ah! but what medicine?" "No matter, medicine is medicine." "But how do you know that your present disorder will be benefited by the remedy you may happen to select?" "No matter, I am sick, and there must be something on the shelves of the apothecary, to whom every body resorts, that will cure me." In the same manner, valetudinarians often visit mineral springs. Without knowing at all whether their diseases be inflammatory or the reverse—whether they are plethoric or reduced—whether they need the water as an alterative, diuretic or cathartic—whether they need the warm, cold or shower bath, or neither:—in short, in utter ignorance of the variety of ways the remedy can be brought to bear on various disorders in different constitutions and temperaments, they mostly seem to come with two simple purposes—to deluge the stomach with as much water as they can swallow, and resort frequently to the baths. In this way the plans of the patient are often thwarted, his hopes blasted, and he leaves us, wondering that such crowds should resort to a place where he has received nothing but trouble and disappointment.

Do not understand me that these things occur in a majority of cases. Many apply directly to physicians at home, or here, and receive proper preparation for the beneficial effects of the remedy, and are directed particularly as to the time, quantity and mode of administration, and the proper regimen to be observed. Such persons pursue the very rational course of regarding mineral waters, particularly of this village, as they would any other powerful article of the *materia medica*—liable to produce great benefit or mischief, according to its application, and in this way experience the happy results of their visit. And of those who take the waters on their own responsibility, many are doubtless greatly benefited, and concur with others in spreading the reputation of the springs of Saratoga.

It is that the nature of these waters should be more widely known to the members of our profession, and that suffering invalids should receive more accurate and full directions and preparation from their family physician before leaving home, that I have ventured to ask a place in your columns for a few hasty communications. In my next I shall hope to illustrate the real character of the various mineral waters of this village, as a therapeutical agent in the removal of disease. With respect, &c.

Saratoga Springs, N. Y., March 26, 1839.

M. L. NORTH.

QUACK MEDICINES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Will some of your correspondents be good enough to tell what can be done in cases where we come in contact with quack medi-

cines which we know to be injurious, and yet find that our credulous friends are placing implicit confidence in them? If we speak frankly, openly and boldly against their use, our patients will say that it is a matter of course that we should disclaim against all medicines that we do not prescribe ourselves, and charge us with cherishing a selfish principle and with a want of benevolence; but neither conscience, honor or duty will allow us to speak favorably of their use.

For the last few years, Brandreth's pills have been "all the go." Dozens on dozens and boxfull after boxfull have been taken in the same family, and by the same individual too, among my acquaintances, to their decided injury, to say the least. We all know that these pills are composed of the most drastic ingredients.

About two years ago, while residing in Connecticut, I was called upon early one morning to attend a delicate young lady, who, her husband informed me, had symptoms of being in labor, but her time was not up by two months or more. On examination, I found that labor was, indeed, already considerably advanced—as the child's head was lying in the inferior strait of the pelvis. She was soon delivered of a small, feeble child, weighing about four pounds, and probably at about the seventh month of pregnancy. A good deal of flooding supervened upon the expulsion of the placenta, which, however, was soon suppressed by efficient means. The woman has been feeble ever since, complaining of a pain in her back, and a weakness in the region of the pelvis. The child still lives, but is small and sickly. And now for the cause of all this.

When I saw that my patient was safe, I inquired of her mother what had been the state of her health for some time previous to her confinement. She stated that her daughter had been somewhat troubled with costiveness, and that the day before she had taken *six Brandreth's pills*; that they had operated very violently, and that she had been tormented with a constant desire to go to stool ever since, till the labor pains commenced. Who will wonder at the result of such a course?

Within a very short time I have been called to see a delicate, nervous lady, six weeks after her confinement. I found her pale and trembling, pulse frequent and small; there was a great degree of irritability throughout her whole frame, and she was constantly teased with painful retchings and tenesmus. Having been costive since her confinement, she had, the day previous, taken a dose of *Brandreth's pills*. She recovered after a few days.

I ask, again, what can be done to stop the ravages of quackery, which, within a few years, have spread to such an alarming extent throughout our whole country?

Yours, &c.

Unionville, Mass., March 23, 1839.

E. G. WHEELER.

DR. MINER'S ADDRESS.

[THE address of Thomas Miner, M.D. to the candidates for degrees and licenses, in the Medical Institution of Yale College, was alluded to

in the *Journal* some weeks ago, and we have since been endeavoring to find room for extracts from it. We can this week give only a portion of the concluding part, with the regret that we cannot insert the whole address in our pages.]

After all, notwithstanding the highest physical and mental cultivation, a great part of the success and usefulness, and nearly all the happiness, which a professional man can really expect to enjoy, either now or hereafter, must principally depend upon the discipline of his mind. All his mental and moral faculties must be in a healthy condition. It is no matter how much the understanding may be improved. Acquirements of this kind frequently serve only to increase the sensibility to the trials, pains and troubles inseparable from this life, where the will and affections have never been properly trained, and become habitually directed in a true course. It is not usurping the province of the moralist and divine, for teachers of every description to keep the importance of this moral discipline always in view of their pupils. It is the only sure balance wheel, by which the variegated actions of life can be regulated, and kept in proper order. Nothing besides keeps us from being too much elated in prosperity, or too greatly depressed in adversity. A physician, to be as useful to himself and others as is possible, must be not only a learned, but a good man, in whom all the amiable and benevolent feelings are developed and cultivated. If his temper is not right, everything about him is apt to go wrong. If the unruly feelings, passions, and appetites, are not, in a great measure, subdued and controlled, he is more than most other men beset with temptations, which are liable to call them into action. The great law of benevolence and charity, in addition to its being binding upon all, is peculiarly imperative as respects himself. It is not out of place to state, that this law, in its various bearings and ramifications, is most perfectly developed in the 5th, 6th, and 7th chapters of Matthew, commonly called the sermon on the mount. The ablest and most practical commentary upon it is to be found in the 13th chapter of 1st Corinthians.

An accurate acquaintance with that charity which is so inimitably described by the apostle, together with its cordial and habitual application, would fit us for any condition or sphere of life. We should perform all our duties, and pass through all our trials, with ease and satisfaction, and by acting well our part here, we might humbly hope to become fitted for another and a better world.

But, I cannot dismiss this part of the subject here, when endeavoring to exhibit some of the principal means of becoming permanently useful in the performance of duty.

The scriptures, besides being the only sure guide to a blessed immortality, contain the only perfect rules for our conduct in this life, as relates to ourselves, and our fellow men. A mere worldly man, who confines his views to the present time, can no where find the principles and maxims of common prudence so clearly delineated, as in the Bible. In no other book is human nature so accurately described. In no other book is the true method pointed out for succeeding well in this world, and for living comfortably and respectably. The spirit of humility,

meekness, charity and benevolence, which it inculcates, will keep mankind clear of a great portion of the ills of life, and will teach to bear those which are unavoidable with a submission that lightens them of half their burden, and makes their weight very tolerable. When to this is added a well-grounded hope of a blessed immortality, even the greatest temporal sufferings are comparatively a trifle. In a civilized and Christian community, he who follows the precepts of the gospel as strictly as human imperfection admits, will find he has no burdens which he is unable to bear, in ordinary circumstances, and will be exposed to no trials which are not adapted to strengthen and improve his virtue. He makes a true estimate of the world, and therefore is not disappointed and ruffled when everything does not go as he could wish. He rightly values all the blessings which he enjoys, and finds that most of the adversity which he suffers, has either been caused, or materially aggravated, by his own fault. This teaches him humility, submission and resignation.

It is often made a question, how far the distinction of wealth, honor, and eminence, is to be sought after and desired. I think it is not difficult to settle the matter, upon Christian principles. The pursuit of either of these objects, for itself, is but a sordid, selfish concern. At the same time, each has its value, and is not to be despised, under certain restrictions. As far as it is followed, not as the end, but as the means of doing good, it is desirable. A professional man is a conspicuous public agent. He must, therefore, have a character which will give him an influence superior to most men in private stations, or he cannot make an impression sufficient to become extensively useful. A comfortable support, a respectable standing, and reputation for skill, to a certain degree, he must possess, as they are the principal means to enable him to do the duties of his calling.

There is no clashing of duties, if they are performed according to the spirit of the gospel. When exercising benevolence to others, we are best providing for ourselves; and when properly providing for ourselves, we increase our ability to be useful to others. And both sets of duties are cheerful and happy exercises of themselves; but they are much heightened, and receive a new relish, when they are performed in love and obedience to our Creator.

I feel it incumbent upon me, in an address to young men who are going out into the world, to insist upon the necessity of this moral discipline of the will, affections, passions, and I may add, appetites, because without it, the highest cultivation of the powers and faculties of the understanding must be very defective and imperfect. They are liable to meet with difficulties and troubles on every side; but by far their greatest difficulty is, to conduct themselves rightly under them. If they consider this world, as it is in reality, as only being a place of trial, in which they are to become fitted for another and better state of existence, they will find that no burden is laid upon them which is improper for them to bear. Indeed, it will be borne easily and cheerfully, or at any rate, it will be received with submission and resignation, when it is felt to be the means of their own improvement. Under the opposite trial of sudden and

unexpected prosperity—which, when it happens to occur, is as difficult to be borne as adversity—they will be able to conduct themselves with meekness and humility.

Cowper said of his country, with great propriety, patriotism, and good feeling,

“England, with all thy faults, I love thee still.”

So a good physician loves his profession, and a good man loves his fellow men. It is a striking mark of depravity—or, I more charitably think, in many instances, of a diseased mind—to take a morbid delight in recounting and complaining of the difficulties of our profession, and of life in general. A healthy mind needs no such acrid stimulus, and shrinks from such unnatural excitement. It delights in what is lovely and amiable, and has always bright spots enough in view, upon which the eye can rest with satisfaction. As a general rule, the smiles of Providence are far more numerous than the frowns, and we have abundant reasons for gratitude for the many unmerited favors we enjoy.

Those who have not sadly misjudged of their talents and faculties, and have not entered upon the profession with mistaken views of its nature and object, will find that their success, under Providence, is to depend almost entirely on themselves. This is what has been my principal aim to inculcate. With sound moral principle for the foundation—without which nothing can be stable—aided by common sense and common prudence, there can be no reasonable apprehension of failure. The occasional obstacles and difficulties, with the temporary fears, will prove only a sufficient stimulus to bring all the energies into action. It was a maxim with Sir William Jones, that whatever any other man could do, he could do. A degree of confidence of this kind in his own powers, though tempered with suitable modesty, is necessary for every young man to possess, who aspires after eminence, as the means of doing the greatest good in his profession.

One thing is certain. All can do their duty. It is upon this principle that all moral accountability rests. Without it, all laws and commands would be an absurdity. He to whom his Creator has loaned a capital of ten talents, and he who has but one, are equally responsible for the charge intrusted to their care, and are equally bound to conduct themselves as good stewards, who will one day have to render an account.

TREATMENT OF TINEA CAPITIS.

[We find the following remarks on the use of the eupatorium perfoliatum and super-tartrate of potassa, in tinea capitis, by Dr. W. Zollickoffer, of Maryland, in the last No. of the Philadelphia Medical Examiner.]

The combination under consideration, being productive of the effects of a *general alterative*, has decided advantage over the internal remedies and external applications commonly resorted to in the treatment of tinea capitis. It is more prompt and effectual, and seldom fails to remove the disease in a very short time. Tinea capitis may be controlled

in its progress, and radically cured in five or six weeks, by its use, without the necessity of having recourse to the various depilatory applications recommended by authors, all of which are productive of unnecessary uneasiness to the patient, to say nothing of the disagreeable effects growing out of such a course of treatment.

Considering this malady as the development of a general deranged condition in the office of the skin, locating itself on the scalp and its *immediate* proximity, produced by a degree of hepatic functional derangement, I have long since been persuaded that an alterative course of treatment is essential for its removal; and the practice I have adopted, based on this pathological view, has proved successful, whether this opinion of the doctrine of the diseased action constituting this troublesome malady be correct, or not. Preferring to the mercurial preparations, any remedy that is competent to the production of the same consecutive displays in the treatment of disease, in the affection which is the subject of this paper, I have found the combination recommended so efficacious, that I venture to solicit the profession to make a trial of its powers.

In using the perfoliatum (the powdered leaves), and cremor tartar, in the dose of ten grains of the former, with twenty of the latter, three times a-day, from four to six weeks, desquamation will readily be found to take place, and the scalp to assume a healthy condition. I occasionally prescribe, particularly if the bowels are constipated, a dose of the tartas sodæ et potassæ, or sodæ sulphas; and, if the subject of the disease is of a plethoric habit, the dietetic course is strictly antiphlogistic; the latter precautionary means should be carried out to a certain extent under all circumstances. External applications, when this remedy is used, are altogether unnecessary. I exhibit the medicine in water, and occasionally add some sugar to render it more palatable.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 10, 1839.

LEXINGTON (KY.) MEDICAL SCHOOL.

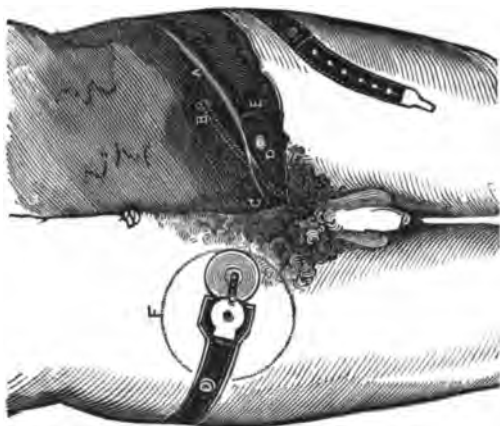
THERE is a paragraph on our table, cut from a western paper, which says that "this institution continues to decline." "The catalogue of the students of last winter exhibits the smallest class that has assembled within her walls for the last nine years." "The falling off in the number of graduates is twenty per cent. upon that of the last season." Now this appears, at the onset, like rank slander; but in the course of human events, if it should happen to be true, it is greatly to be lamented that such a man as Dr. Douglass has gone *out of fashion*; or that the facilities and excellencies of that school, which in former times commanded the highest respect of the learned, should no longer be appreciated. The difficulty is not, we apprehend, in the faculty, if any difficulty exists—for each individual of the board must become better and better qualified, by ~~age~~ age and experience, to sustain the school; but the generation is becoming

both superficial and perverse, and this is the reason that so much back-biting characterizes the medical ranks of the western country. We have implicit confidence in the Lexington gentlemen. If it so happens that there is a diminution of students, what has that to do with the mode of instruction? The system has suffered no deterioration.

Without a particular partiality for any, we look forward, with hope, for the triumphant success of all the medical seminaries of the great west.

Louisville Medical Journal.—Much to the regret of all well-wishers to the progress of medical science, it has been officially announced, by the publishers, that the above-named Journal, which was of a most creditable appearance in size and matter, has been suspended. Two numbers only appeared, before it had its quietus. Whether there was a lack of patronage, or a lack of materials, has not been ascertained. The probability is that too many such publications have been parturited within a geographical compass, in the west, which is too small to afford sustenance to all of them. Many of the periodicals in other parts of the country, devoted to scientific interests, are vigorously sustained, though they have all gone through varied scenes of tribulation to gain their present condition.

Dr. Fletcher's Truss.—The adaptation of Dr. Fletcher's truss to the anatomical structure of the parts concerned in hernia, will be tolerably well explained by the accompanying drawing and its references.



The drawing represents the parts as seen after the skin and adipose substance have been dissected away, thereby exhibiting the several parts, their relation to each other, and also the adaptation of this instrument to the varieties of hernia. A, refers to Poupart's ligament, extending from the anterior superior spinous process of the ilium, downwards and forwards to its attachment at the pubis. B, refers to the internal ring, as seen through the fascia; the dotted lines represent the course of the canal from the internal through the external ring, down into the scrotum. C, the external ring formed by the division of Poupart's ligament, near its attachment at the pubis. D, the place where crural or femoral hernia ap-

pears under Poupart's ligament. E, the femoral artery, indistinctly seen through the fascia lata of the thigh. F, the circle which the pad performs, and at any desired point of which, the pad may be made stationary.

By the foregoing explanations the fact will be fully shown that one instrument will answer equally well for the different kinds of hernia.

Club Feet.—Dr. Brown is uncommonly successful in putting distorted and misplaced bones of the feet precisely where nature intended they should be. We saw him divide the tendons of the heel, the other day, very adroitly. It is far from being a frightful or even excruciatingly painful operation. A note from the doctor contains the following observations.

"My mode of treating club feet, by the section of the tendo Achillis, is according to the plan laid down by Bouvier, and which has been highly approved by the Royal Academy of Medicine at Paris. I make use of an instrument described by him, called the tenotome."

Dr. Wallace on the Eye.—Having procured illustrations of this gentleman's discoveries in the eye, it is our intention, the coming week, to present an extract from one of his recent lectures, as the easiest mode of making the author familiarly understood. Dr. Wallace has gained a celebrity in Europe, by unwearied devotion to the anatomy of the visual organs, that must be gratifying to a numerous circle of distinguished professional friends.

Dr. McKean.—No announcement could have been more surprising than that of the sudden death of Dr. Joseph W. McKean, of this city, on Thursday evening last. We have known him many years, and appreciated the many excellent qualities which gained for him the personal friendship of a wide circle of acquaintances. While we sympathize with an afflicted family of relatives in this melancholy dispensation of divine Providence, we feel that the medical profession of Boston has also met with a severe loss. To urbanity of manners he united a devoted attention to the sick, which gave him an increasing field of practice as years sped their way.

Dr. McKean studied with Dr. Walker, of Charlestown. After receiving the degree of M.D. he visited Europe, passing considerable time in the hospitals of Paris, and finally, on his return to the United States, established himself in business in this city, about fourteen years ago. Some ten or twelve years since, soon after the organization of the Vermont Medical College, then principally under the auspices of Dr. Gallup, author of a valuable publication which has just appeared, Dr. M. gave a course of lectures on anatomy, in that school. He has been a counsellor of the Massachusetts Medical Society, and a spirited promoter of every plan for enlarging the sphere of medical and surgical knowledge.

Dr. McKean was son of the late Professor Joseph McKean, of Harvard University, and was born in 1800. He was exceedingly tall, and rather slender, but with the exception of occasional interruptions, arising from a predisposition to a pulmonary disease, he enjoyed, of late, very good health. On the day of his decease, he had been as well, apparently, as in months past, and manifested unabated activity in the routine of professional visits, even to within an hour of the arrival of the messenger of

death. On sending, about 6 o'clock, to the room to which he had retired for study, to call him to tea, he was found dead in his chair. We have heard of no post-mortem examination, and presume his death was caused by some affection of the heart.

Medical Miscellany.—Dr. Dyott, of Philadelphia, for fraudulently conveying away his property, to the injury of his creditors, is likely to find that the way of the transgressor is hard.—Mr. Fowler, the phrenologist, has returned to Boston, and taken an office under the Marlboro' Chapel.—An apothecary has opened a shop in Constantine, since its occupation by the French—the first one ever seen in that part of Africa.—Dea. John Whitman, of East Bridgewater, Mass., completed his 104th year last week, and is in excellent health.—A new edition of Dr. Oliver's System of Physiology is wanted, as copies are getting scarce.—Dr. Gallup's new work seems to meet the approbation of medical philosophers, without distinction.—Two volumes are abroad from the press of Marsh, Capen, Lyon and Webb, Boston, on the *Science of Life*, by Sylvester Graham.—The fatality of scarlet fever, in some sections of Virginia, is exciting alarm and consternation. Nine children are said to have fallen victims to it in two families, belonging to the same neighborhood.—Mr. R. S. Davis, of Boston, the publisher, is about sending forth a fourth edition of the *Class-book of Anatomy*. The work meets with a rapid sale—having been introduced into the principal academies and high schools in New England. The demand for the work in the southern and western States is also increasing.—The Grand Jury of Quebec has found a bill against Dr. Holmes, for murder.—An Irish woman, a convict in the House of Correction, at South Boston, on Tuesday evening, April 2d, became the mother of a pair of twin boys, making her fourth pair of twins within a few years. The husband is also a convict in the same prison—both being committed last December.—Whole number of deaths in the U. S. Marine Hospital at Chelsea, the quarter ending March 31st, 12; the whole number of patients in the same time, 182.—A paper in a small quarto form, called the *Medical Recorder*, is published at Cincinnati, by the proprietors of Miles's Compound Extract of Tomato!—Dr. E. G. Tucker, a surgeon dentist, has been writing, very understandingly, on the teeth, in the *Vermont Mercury*. His manuscript should have been given to a medical journal, at once.—Dr. Sigmond, of London, has just finished an elaborate series of lectures on the medical and physical properties of tea, at the Medico-botanical Society, and is preparing them for the press.—A man, in England, after drinking freely of beer and spirits, swallowed an ounce of laudanum. By the use of the stomach pump, flagellation, bastinadoing, the cold douche, and a cayenne plaster to the stomach, his life was saved. The bastinado was used to such an extent, that the integuments of the feet sloughed off.—Mr. Wakley, editor of the *London Lancet*, has been elected coroner for the county of Middlesex.—Sir B. Brodie orders the following preparation to blistered surfaces, when troublesome. Prepared chalk, olive oil, of each five drachms; rose water, two oz. Mix.—The will of Dr. William Barthrop, who died at Kinderhook; is making considerable excitement. Out of \$150,000, he bequeathed \$15,000 for the establishment of an infirmary in the village of Kinderhook.—The Legislature of Virginia has resolved to appropriate \$20,000 to erect the buildings of a deaf and dumb asylum, and \$10,000 annually for defraying its expenses.

TO CORRESPONDENTS.—The favors of Dr. Williams will receive attention next week; also the Meteorological Journal for March.

DIED.—In Boston, Dr. Joseph W. McKean, aged 38.—At Brooklyn, N. Y., Dr. Thomas J. Boyd, of the U. S. Navy.—At Providence, Jacob Fuller, M.D., author of the dissertation on anæmia concluded in this day's Journal.

Whole number of deaths in Boston for the week ending April 6, 38. Males, 18—females, 20.

Of consumption, 3—delirium tremens, 1—inflammation of the bowels, 1—old age, 2—inflammation of the lungs, 1—apæmas, 1—fits, 3—scarlet fever, 7—dropsy, 1—debility, 1—lung fever, 5—catarrh, 1—liver complaint, 1—scald, 1—infantile, 3—apoplexy, 1—cancer, 1—dropsy in the head, 1—disease of the heart, 1—stillborn, 2.

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweetman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Deafield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

Office 4 Vesey Street, Astor House, New York.

A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10. Feb. 13—6m

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jefferson, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.
—Boston, August 1, 1838. lf.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, APRIL 17, 1839.

No. 10.

SARATOGA WATERS.—NO. II.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The subject to which I wish to call the attention of your readers on the present occasion, is the **MEDICINAL CHARACTER** of the waters of Saratoga Springs.

By many practitioners these are considered as nothing more nor less than an agreeable and generous laxative, and beneficial in cases of constipation, bilious derangements, dyspepsia, &c. But that there are other qualities that simultaneously co-operate with the aperient effect of the remedy, and are inseparably connected with it, is established beyond all doubt, and should be known by our profession generally, who are in the habit of sending patients to this village.

There are two methods of testing the nature of an agent that is to be introduced into the *materia medica*; viz., by carefully watching and recording the *therapeutical effects* of the article by the bedside, and by *chemical analysis*. The latter criterion is good as far as it goes. If sulphur be the only or principal ingredient in a mineral spring, we can bring analogy to decide, *a priori*, what must be the tendency and effects of the water. The same is true of a specimen that is principally saline, or principally chalybeate. We can feel, too, a considerable degree of confidence when two or more constituents are found in combination, provided we are acquainted with the *modus operandi* of these substances when administered by themselves. But every medical man knows there are limits to this mode of reasoning. How often has the practitioner been surprised at the augmented, diminished, or less irritating effects of some off-hand combination, that would be wholly unlooked for by estimating the separate agency of each article.

So of mineral waters. Chemical analysis can soon decide the exact medicinal nature of a new spring, independently of clinical observation. There are three reasons for this. 1st. Many medicines, such as oxyd of iron, carbonate of iron, pulverized cinchona, calomel, the extracts, the gum-resins when given in pills, capsicum, ginger, &c. pass through the alimentary passages with very little diminution from absorption. Mineral waters, on the contrary, as may be inferred from Dr. Beaumont's experiments, are introduced into the mass of blood by the absorbents of the stomach, without any previous deposition or digestion, and thus these mineral agents, which, in their minute proportions, would be very inert in a state of powder, are admitted to the inner coat of all

the bloodvessels, and to the minutest branches of the secretory apparatus. How widely different these two modes of operation must be, all can readily understand. 2d. Chemical analysis cannot appreciate the mutual or qualifying effects of the ingredients on each other, as above stated. 3d. In the language of Dr. James Johnson, of London (*Economy of Health*, p. 224), "Mineral waters contain, in all probability, many agents which we cannot imitate by artificial combinations. This is proved by every day's observation. Thus, the saline, aperient, mineral waters, will produce ten times more effect than the identical materials artificially dissolved and mixed. The same is true with respect to the chalybeate springs. A grain of iron in them is more tonic than twenty grains exhibited according to the pharmacopœia." At page 215—"It does not follow, however, that waters contain no active materials, because chemistry is unable to detect them. Powerful agents may be diffused in waters which are incapable of analysis, or destructible by the process employed for that purpose. The only sure test is **EXPERIENCE** of their effect on the human body."

With these qualifying remarks on the proper estimate to be put on chemical analysis, I proceed to lay before your readers the composition of some of our principal springs; and, 1st, the *Old Congress Spring*, which is in the south part of the village, just east of Broadway. In our wine gallon, or 231 cubic inches, there are of—

Chloride of sodium (table salt), 385 grains,	Silex, 1.5,
Hydriodate of soda, 3.5,	Hydrobromate of potass, a trace,
Bicarbonate of soda, 8.982,	Solid contents, 597.963 grains,
Bicarbonate of magnesia, 95.788,	Carbonic acid gas, 311 inches,
Carbonate of lime, 98.098,	Atmospheric air, 7,
Carbonate of iron, 5.075,	Gaseous contents, 318 cubic inches.

The analysis of *Putnam's New Congress Spring*, some 40 rods north of the old Congress, and on the east of Broadway, has never, to my knowledge, been completed. It is a finely flavored water, and has many properties similar to those of the Old Congress. This spring alone would do much towards continuing the present immense resort to this village.

Besides these, there is a spring on the premises of Judge Walton, in the north part of the village, which has lately been newly dug and newly curbed, by which processes the fresh water has been effectually shut off from the mineral, and it is now considered both by villagers and strangers as a new fountain. It is, indeed, a beautiful water. Possessing the general properties of the other springs already mentioned, it seems to have two peculiarities, viz., the abundance and fixedness of its carbonic acid gas, and its containing only 1-4 or 1-5 the amount of iron there is in the Old Congress. Numerous globules of the gas are seen from a distance floating in the water, and every few seconds explosions of very large bubbles occur at the surface. It bids fair to be an excellent article for bottling, and it has fallen into the hands of gentlemen who, I believe, design to give it circulation. The results of an

analysis which are now before me, and which was made the past winter in Albany by Professor Emmons, I would insert, but the proprietors will probably have the process repeated before giving it to the public.

This fountain has attracted great notice during the winter, and has been proved by numbers to possess the usual aperient and diuretic qualities of the other springs above mentioned. Its re-construction, it is believed, will add greatly to the medicinal resources and permanent prosperity of the village. I need not stay to particularize the other springs, as the above receive the principal attention from visitants. The chalybeate springs, of which there are several, are more tonic and less aperient than those already described.

The length to which I have extended this paper forbids my enlarging. The above statements would show that these waters are thoroughly aperient, diuretic and deobstruent. They are also decidedly *tonic*. This fact is fully confirmed by clinical observation. The late Dr. Steel, and all who have practised in this vicinity, as far as my knowledge extends, have found the same tonic effects to accompany the use of the waters. And it is remarkable that this is found to be the case with all the mineral waters of Europe that are not simply sulphureous. The Buxton waters in England, which contain only 15 grains of saline matter in a gallon, and 6 inches of gaseous products, have been found, from a record of 14,906 patients, to be highly stimulating and tonic. The bracing effects of the waters have proved a source of constant embarrassment to Dr. Robertson, of the place, and required continual counteraction. The same report comes from numerous other fountains in Europe; and confirms me in the position that the springs of Saratoga are not only diuretic, aperient and deobstruent, but *tonic*. Respectfully yours,

Saratoga Springs, April 3, 1839.

M. L. NORTH.

AMERICAN DENTISTRY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In a late number of your valuable Journal my attention was called to a severe attack made upon me by Dr. F., of Boston. The matter contained in it is such as scarce demands a moment's notice, so evident a design is shown on the part of its author to misconstrue and impute to me the worst of motives, in giving publicity to a letter and introducing remarks which seem to have had the magical effect of arousing the gentleman's ire. At first sight I had concluded to give it no further notice than was exacted in patiently reading it, so evident was it that some motive deeper than the Quixotic spirit of acting the champion of what he considers the injured innocence of the American dentists, had instigated him to the unprovoked attack upon a "young foreigner." But as the matter in question has attracted the attention of the numerous and respectable readers of your Journal, from having found a place in its pages, I feel that it is no longer a matter of choice with me, but that my duty to my numerous and respected friends of the medical faculty in this country, demand from me that I should state not only the cause

that led to the publishing of the communication from Mr. Nasmyth, to which Dr. F. has taken so many and such ill-founded exceptions, but likewise correct, for their benefit and my own exculpation, the mistakes of Dr. F. relative to my note accompanying the letter in question. And now, first, for the motives which led to its publication.

You will recollect, Mr. Editor, that soon after receiving Mr. Nasmyth's letter, I was reading some parts which I considered of interest to yourself, when you requested it of me for publication. I objected, and gave, as my reasons, that it was not written by the author with the intention of ever being given to the public; at the same time remarking, as a further objection, that it contained matter which was in itself of a private nature. This, you will recollect, was overruled by yourself, as you remarked that you were anxious to give it to your readers, as it contained valuable information regarding the state of dentistry in Europe. I then consented, with the proviso that you would allow me to strike out such parts as I considered objectionable. Accordingly it was soon after published, with the addition of a few explanatory lines by me. I there, unfortunately, gave utterance to that unhappy expression which the vivid imagination of Dr. F. has tortured into a pointed insinuation. If I have been guilty of a most heinous offence in innocently saying that some dentists withhold the most important discoveries from the profession, it consists merely in conveying the correct idea that a man's reasons for his own actions are better known to himself than to others; but I would here utterly disclaim any insinuation, any sinister motive, concealed under the offensive expression which has proved so fertile a subject for invective to Dr. F. Mr. Editor, I have now given you, in a few words, a correct, certainly, if not a satisfactory, explanation of the introductory note that has subjected me to such harsh, and, I must say, ungentlemanly treatment from Dr. F. I will now ask your patience for a few moments while I reply specially to some statements in Dr. F.'s article, which, if not exactly incorrect, vary so widely from actual facts in my possession, that I feel called upon to lay them before your readers, that they may give their decision upon them. For however pleasant and generous an amusement it may be to Dr. F. to malign a young practitioner, or foreigner, if he pleases, I feel it no less a duty on my part to sustain myself, so long as I can do it without resorting to direct vituperation, as the gentleman has done.

May I inquire of the gentleman, if, when he refers to "those regularly bred to the profession," he is to be understood as alluding to those dentists who are members of the Massachusetts Medical Society. If so, the gentleman must be aware that members of this Society are bound to communicate all discoveries or modes of treatment that they may deem new or of importance to the profession. Again, Dr. F. knows, as well, if not better, than myself, that several members of this Society compel their students not only to pay \$500 and upwards, but likewise either to give bonds, or their word of honor, not to divulge to or teach others what they consider the *secrets* of the profession, before forcing them to submit to the same terms. Those practitioners who happened to be members of the aforesaid Society before the passage of

the by-law which makes it necessary for dentists to become members of the Society to qualify them to practise, may consider themselves as under no obligation to apply the law to themselves ; but surely the gentleman who first proposed the law, and exerted himself to the utmost regarding it, should show us the example by strictly adhering to the laws of the Society of which he would force all others to become members. Dr. F.'s mind seems to admit the truth of this position, when he says, in a semi-apologetic tone, that, although each little improvement in the treatment of diseases of the teeth, &c. is not published in periodicals until it has been fairly tested, still they will all appear in due time, either in this or in another form. What Dr. F. calls due time I do not pretend to know, but I will give the public the same facilities for judgment on these points that I have ; for instance, Dr. F., in a note to a little work which he published *eleven years ago*, stated that he had then lying by him the manuscript of a systematic work, nearly ready for publication, but in order to obtain some European works which are not to be had in this country, and to avail himself of some other advantages for completing the work, its publication had been deferred longer than was first intended. This work, Mr. Editor (which, no doubt, contains all the improvements both in this country and in Europe, in the treatment of the diseases of the teeth, &c.), has, if I mistake not, never yet been given to the world. Again, Dr. F. says, that "they [i. e. those regularly bred] do not choose to spread abroad their modes of practice in the columns of a newspaper, for the convenience of those who are picking up the means of practising dentistry at some rate or other." Although I would condemn, as soon as Dr. F., the mal-practice and quackery which prevail in such a degree in our profession, both in this country and abroad, yet I would ask, if true knowledge in dentistry (without reference to the manner in which it is imparted) would be likely to do more harm, in proportion, than is every day effected by noticing in journals and other publications the most advantageous modes of medical treatment.

I would again advance the fact regarding the late Dr. Hudson, of Philadelphia, and I will call your attention to the written opinions of two eminent American dentists, to corroborate my statement. E. Parmley, in a note to *Dentologie*, says, "We have cause also to regret that the late Dr. Hudson, of Philadelphia, did not, during his lifetime, embody his professional principles for the benefit of his cotemporaries, and those who shall succeed him in dental operations. I may say, *without fear of contradiction*, that he has left behind him no one in this country so able to instruct, and so well qualified, from observation and experience, to be useful to the student." Dr. Fitch, "author of the most comprehensive work on the teeth ever published in this country," thus expresses himself regarding Dr. H. "Those only who have carefully attended to the subject, can have any adequate idea of the benefit the labors of Dr. Hudson have conferred, not only upon the people of this city, but of every part of the United States. When he commenced his practice here, he found the profession generally at a very low ebb, usually exercised by mechanics. Those great principles which elevate dental surgery from an art to a science, were almost entirely overlooked

or unknown. To remove this mass of rubbish, to obliterate bitter and widely extended prejudices, was the task of Dr. Hudson. How well he performed his duty, can only be estimated by a reference to the state of the profession at the time he commenced his practice, and when he was taken from it by the hand of death. Previously to his time, nearly all the talent among the dentists of this country was directed to the making and inserting of artificial teeth. Dr. Hudson taught the possibility and the immense advantage of preserving the living teeth, instead of suffering their loss and resorting to artificial ones. He taught that by strictly attending to the dentition of children, all the irregularities and deformity of the teeth might be prevented, and that by continuing our attentions and performing timely operations upon any of those which might become defective, those useful organs may be preserved in perfection during our whole lives. Founded upon these principles, and recommended by his admirable operations, the practice of Dr. Hudson soon became the praise and admiration of all who witnessed or experienced its beneficial effects. His name was soon placed as first amongst all those who practised dentistry in this country. This reputation he always retained. For a great many years, to equal his operations has been the highest ambition of other practitioners ; none expected to excel them."

Fully aware of the great and well-merited reputation of the senior Dr. Flagg, I would take this opportunity of stating one particular instance which came under my own immediate observation, and which shows, in a remarkable degree, the efficacy of filling, when skilfully performed. I was consulted, some two years since, by a gentleman who had employed Dr. F., senior. On examining his teeth, I found two cavities filled with gold. Their appearance was such as would indicate, to a casual observer, that the operation had been but recently performed, but the gentleman assured me that they had been filled by Dr. F., senior, 33 years since ; and I believe no dentist of the present day, notwithstanding the advantages that we may now possess over our predecessors, could have improved the filling, even after the lapse of so many years. At that time Dr. F., senior was the principal, and, I may say, almost the only dentist in Boston ; and from my own grandfather, Dr. Spence, having been the only dentist of note in Philadelphia, at the same time, I feel myself more identified with the dentists of this country than those of any other, although guilty of being a foreigner by birth. I would also pay Dr. J. F. F. a just tribute, in stating my conviction that he has done much to raise the profession to its present stand in Boston, and to him we are indebted for many valuable improvements in our art ; but I must likewise state it, as my opinion, that science would make but slow progress if every individual who wished to acquire each new improvement was bound to pay not only a large sum, but likewise prevented from divulging it to others without exacting the same terms. Whatever additional knowledge I have been able to obtain in this country, either in the filling of cavities, or in the manufacturing of porcelain teeth, I have paid for it ; and whatever *confidence* may have been placed in me by the Boston dentists, there is not one who can say that he has communicated to me any of their peculiar methods of operating.

It is with feelings of the utmost delicacy, Mr. Editor, that I can ever defend myself from an attack on my private motives of action in a public journal—feeling, as I do, that your readers cannot be interested in the personal quarrels of individuals. You can, then, judge of my surprise, in not only witnessing Dr. F.'s making your Journal the medium of personal invective, but of stooping to such petty weapons of warfare as to presume to judge of my humble plans, without ever having had the means of ascertaining what they are. He states that I have been made to believe that the great secret and excellence in filling teeth consists more in the particular mode in which pieces of gold are placed in them, than in the knowledge and experience of the operator; and that to explain the whole secret, I send a tooth filled in a vice, by a *Hudson operator*, to illustrate the different steps of an important and often difficult operation. Now he has drawn what he considers a powerful simile, in comparing my illustration to sending an amputated limb from the Massachusetts General Hospital, to St. Thomas's, London, as an evidence of the skill with which amputation was performed in this country. That it presents itself in this light to the gentleman's intellect, I have no hesitation in believing, and cannot but congratulate myself that the intellect of others is not of this peculiar cast. I give you the case, Mr. Editor, that I may have the benefit of your judgment upon it; if it, together with that of your readers, coincides with the gentleman's, I will then submit. I selected several teeth, and excavated them as I have been taught to believe in the most approved manner; for instance, I made the opening as large as any part of the interior, and the sides perpendicular to the bottom of the cavity, instead of making the opening smaller, as was formerly practised. I then rolled some gold foil into little cylinders, of various sizes and lengths. I took one of these teeth, and placed in it as many of the above-mentioned cylinders as it could contain loosely, without altering their form in the least, simply to show their relative position to each other and the cavity. I gave full explanations regarding the necessity of applying pressure between the cylinders, and in proportion as room is made between them, to add more of requisite size, until the cavity is wholly filled, giving, at the same time, a detailed description of the whole process, and the manner of obviating certain difficulties, such as the flow of saliva, &c. I sent a quantity of gold foil made by Marcus Bull, who is, by the way, an American, and makes superior gold to any, either in this country or Europe, of the requisite thickness to show the contrast between it and that now used in Europe. As I before mentioned, I requested a gentleman, well known for his superior operations, *although he may be a follower of Hudson*, to fill a tooth, which I sent with a number of other specimens. I obtained from Mr. Johnston correct drawings of the instruments requisite. I called Mr. Nasmyth's attention to the advantages of making the healthy walls of the cavity hold the gold, instead of trusting to the shelving edges of the orifice, as has been the general dependence of most dentists. I also suggested to him the advantages of making use of India rubber between the front teeth to separate them, instead of resorting to the use of the file; and also to the efficacy of tying saddler's silk around

the necks of some teeth, to prevent the bleeding of the gum during the operation. Sir, do you appreciate the justness of the gentleman's simile?

I must again advert to Dr. F.'s incorrectness, to use the mildest term, regarding the new instrument mentioned in a former number of your Journal. This instrument does not happen to be that to which Mr. N. alludes, but one which Mr. G. Combe brought to me from England, the invention of Mr. W. Robertson, a distinguished dentist in Birmingham. It consists of two parts, which move on a hinge, in the same plane, but of course in opposite directions. To the extremity of the one is a fixed fulcrum, and to the end of the other is a *fixed* claw, in all cases opposite to the same point of the opposing fulcrum. From this construction of the instrument, it will be evident that no difficulty can ever arise from any difference in the size of the tooth to be extracted, while, at the same time, from the circumstance of the operator having the power of regulating the exact degree of force with which the claw shall be held against the tooth, it is also evident that the instrument can be used as a pair of forceps, and consequently is applicable to all cases, whether the tooth be only slightly carious, or so much decayed as to be on a level with the gums or alveolar process. This instrument you noticed in a previous number of your Journal, as having been made and invented in Edinburgh, instead of Birmingham; and as I showed a little key, which Mr. Nasmyth sent me, to Dr. Martin, and which was invented by him, Dr. F. concluded that I wished to pass that off as a new invention, and put a notice to that effect in your Journal. I would further say that I had no idea of your mentioning it, until I saw the notice myself, and observed the error. I also agree with Dr. F. in considering *his own* forceps superior to any other instruments now in use.

Dr. F. presumes that I sent teeth made by other dentists to Mr. Nasmyth, and passed them off as my own manufacture. But had Dr. F. read my letter, as most of your readers might justly suppose he had, from his bold assertions regarding its contents, he would have found that I gave credit to each person for the particular specimens that I sent. And I would further add, that Dr. F. and myself received instruction in manufacturing what he considers superior teeth to any in Europe, from the same individual, who, I regret to say, is *unhappily an Englishman*, as well as myself.

As I have not an opportunity of referring to Dr. F.'s communication, I must necessarily omit much that I would wish to say explanatory of his unprovoked attack upon me; and I must say that I regret that the attack was made by a man who has sustained, deservedly, such a high stand both as an operator and a gentleman, as it convinces me that a *gentleman* can be guilty of ungentlemanly conduct. Yours, &c.

Cincinnati, Ohio, Feb. 27, 1839.

HENRY A. DEWAR.

THE EYE.

BY WILLIAM CLAY WALLACE, M.D., NEW YORK.

No person of ordinary intelligence would, on the inspection of a steam engine, acknowledge that the parts of a machine of such power, and indicating so much thought and design, could, by natural causes alone, assume their form, and be placed in situations proper for the purpose for which they were intended. It is clear that without the smelter the ore might have remained in the mine forever, and that without the mechanic the metal, when formed, would never have been a steam engine.

It is proved by geologists that the earth we inhabit was at one time a melted mass, of such a temperature that no living thing, as at present organized, could then exist; there was, consequently, a period when the machinery of animated beings was formed and put together, and when all the contrivances we witness were planned and executed. There were no gradual advances to perfection; every organized being was at once adapted to the element in which it was destined to live. From the examination of the remains of animals, we find that their organs were as perfect thousands of years ago as they are now, whereas the master-pieces of human contrivance are daily undergoing improvement. In the construction of living creatures there is no room for improvement—there is no science, nor art, of which advantage is not taken; for when we discover a new principle, or application of a principle, we find, on an appeal to nature, that it has been known and acted upon long before. As an example:—The eye of the halibut is directed upward, and the animal could only see in that direction if there was not a provision for turning it forward. Below the eye-socket, and communicating with it by an opening, there is a cavity containing water, which may be forced into the socket, and be squeezed back again when required. The skin is firmly fixed before, while it is loose behind, and permits the organ to be turned round and elevated, so that the animal can see straight forward when the water is forced into the socket. To protect the nerve of vision from injury arising from the changes of temperature thus produced, a thick coating of jelly, a bad conductor of heat, is placed between the fluid and the nerve. The want of mobility in the neck is thus supplied by means quite as efficient, and which man, with all his ingenuity, did not discover or apply to a practical purpose for more than 5000 years.

The socket of the turtle contains cavities into which air may be forced and the eye be blown out, while numerous intersecting bands limit the extent of protrusion and keep it from bursting. By squeezing out the air, the eye may be sunk so far that there is no danger of its being injured by striking against the shell, when the head is drawn rapidly back.

It is difficult to perceive how these objects could be accomplished in any other way than above stated. If the eye were pushed out by the direct application of muscular power, the muscles for the purpose would occupy so much of the socket that there would be no room for those which move the eye in different directions. Although deservedly

vaunted as a modern discovery, the principle of the hydrostatic press was understood and practically applied long before the time of Bramah.

When a magnifying glass is fitted into a hole in the window-shutter of a dark room, and the light which is admitted is received upon a sheet of white paper held at a certain distance, a beautiful but inverted picture of everything before the glass is formed on the paper. The representation of the scene without is so true to nature that artists sometimes avail themselves of this method to make a correct landscape. The things essential to this experiment are: 1, a convex glass to collect the light from surrounding objects; 2, an opaque or semi-opaque substance placed at the focus to intercept the light and make the image visible; and 3, a covering to keep the parts in situation. The eye is just such an instrument, consisting of all these parts, besides others which cannot even be imitated, and it is constructed with such exquisite workmanship that even the microscope cannot exhibit the minuteness of its structure.

The magnifiers of the eye are: 1, the transparent window through which we see the colored circle surrounding the pupil; 2, a quantity of water which becomes a magnifier by the shape of the skin in which it is contained; 3, the crystalline lens, which is the principal magnifier; and 4, another portion of water intersected by so many skins that it has the appearance of jelly.

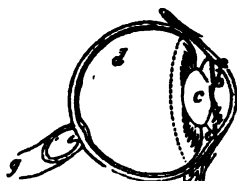
a, Cornea or window; *b*, aqueous humor; *c*, crystalline lens, or principal magnifier; *d*, vitreous humor; *g*, optic nerve.

1. The first magnifier, which is the window of the eye, is called the cornea, and resembles a small watch-glass fitted to the outer case or white of the eye, like the glass to the watch-case.

2. The water behind the window is of the purest transparency, and as it is not intersected by skins, the enlargement or diminution of the pupil is not interrupted.

3. The crystalline lens, or principal magnifier, consists of a series of coats, placed under each other like the liths of an onion, and these are again more compactly arranged as they approach the centre. In animals which live in air, the principal magnifier resembles a common burning glass, but in fish it is either round like a pea (a sphere), a pea slightly flattened (an oblate spheroid), or a pea elongated (a prolate spheroid). This magnifier is contained in a transparent case, the edge of which passes in front of the next magnifier, leaving an unattached part between them, called the canal of Petit, for the purpose of allowing it to be moved backward and forward for proper adjustment.

4. About three fourths of the hollow globe of the eye is filled with water contained in transparent cells, which prevent the contents of the eye from running out when wounded. The fluid of the opened cells only then escapes, and the form of the eye is preserved. On a principle somewhat similar ships are constructed, divided into various compartments, one of which, only, fills when a plank is started, while the buoyancy of the vessel is preserved by the rest. From the intersection of the membranes forming the cells, the fourth magnifier resembles



Section of the Eye.

a gelatinous mass, which, from a fancied similarity to melted glass, has been called the vitreous humor. In the structure of these cells, and the sources whence they derive their nourishment, care is taken to avoid the retina; for though they are close to each other, not a single vessel passes from one to the other throughout the whole extent of the latter, with the exception of a solitary vessel that proceeds from the entrance of the optic nerve, a spot which is blind, and which does not therefore require the precautions requisite for vision. After there is no risk of interfering with the retina, the membranes forming the cells pass backward in the form of a star.

The magnifiers just described collect the light in such a manner that an image is formed on the inner layer of the retina, which is covered with extremely minute bloodvessels, branching out like the veins in a leaf after the soft part has been eaten away by insects. From the net-work appearance of these vessels, the whole nervous expansion has received the name of the retina. As the light proceeding from a magic lantern or through the magnifier into a dark room, would not form an image unless there was a sheet of paper or other opaque or semi-opaque substance to intercept it, so the light passing through the magnifiers of the eye must fall on a similar substance before it can form an image. This net-work, then, may be called the screen on which the image is received.

An image of the coarser vessels of the net-work, resembling a withered tree exhibited on a screen, will soon appear, if when the eye is directed steadily forward, we move a lighted candle up and down on one side of the line of vision. The vessels appear much magnified on account of the proportion of the nervous expansion they cover when compared with an ordinary image. This representation may be owing to pressure on the vessels by a swelling of the nervous fibres, produced by a violent and irregular play of light upon them; or it may be the effect of violent exercise of the colored circle round the pupil, and consequent accumulation in the neighboring vessels.

The strings of the expanded nerve are spread over the net-work, and on these again there is a layer of minute globules, retained in their place by the finest skin in the body, called the coat of Jacob.

The rays of light, after they are collected by the magnifiers, being intercepted by the net-work or screen, cause a vibration of the nervous fibres on the globules behind them, and these vibrations being communicated along the nerve, which, after joining its fellow of the opposite side, proceeds to the brain, vision is the consequence.

a, entrance of optic nerve. There is an opening with a yellow margin, in the centre of the retina in man, around which the ends of some of the nervous fibres meet. The probable use of this arrangement is to enable him to see very minute objects, for as sensation is most acute at the extremities of nerves, the impression from a minute object received on the ends of the fibres thus collected, will be more powerful than elsewhere, just as a stroke on the



Fibres of Retina.

end of a wire causes a greater vibration than on the middle. In order to give nourishment to these fibres, as well as to form the meshes of the net-work above described, a bloodvessel enters with the optic nerve, and in its course it avoids, by passing round it, this yellow spot, which is the most sensible part of the eye. The care which has been taken to keep the trunk at a distance is also extended to the branches, for no coarse vessel is permitted to approach this delicate structure and interfere with vision.

We sometimes see a portion of the net-work of the fibres or of the globules floating before the eyes, when they have been for some time exposed to a very bright light, as after riding, when the ground is covered with snow. The cause of the apparent motion seems to be this. As other nerves become erected, so the nervous fibres or strings become erect or tuned like a musical instrument, in order to be placed in a proper condition for distinct vision. Should there be any unusual fulness of the reticulated vessels, or any displacement or deficient energy of the strings or of the globules, the strings will not be free to vibrate by the light, but will convey false impressions, when, during their erection or tension, they come in contact with bloodvessels, nervous fibres, or globules, out of their natural order.

As the image of a grain of sand or a still smaller object must be very minute, when represented on the retina, a very slight tension of the strings would make the bodies, to which we refer, seem to pass over a great space.

One of the greatest discoveries in modern physiology, is that of Sir C. Bell, who ascertained that there are two sets of nervous fibres—one for sensation and one for motion. By the one the impressions from external objects are communicated to the brain, while the mandates of the will are conveyed from the brain by the other. Each of the organs of the senses is supplied with different nervous fibres, one set for sensation and another for adjusting the apparatus by means of which the sensation is effected. Magendie, an eminent French physiologist, found that when the adjusting nerve of the eye was cut across, the animal became as blind as when the optic nerve itself was divided.

I have noticed that pressure on one part of the retina conveys an opposite impression to the brain. If I shut my eyes and press the retina of one of them on the outside, the circle of light which is thus produced will appear as if proceeding from the inside. If I press above, the circle will seem below; and if I carry the fingers completely round the eye, the light will always be opposite to the finger. We may thus account for erect vision, although the image of objects is inverted on the retina. If with this disposition of the nerve the picture were not inverted, everything would appear upside down.

From the inverted picture on the retina, and from the facts that children miss the object at which they grasp, and that a person who has been born blind, after restoration to sight by an operation, could not at first see correctly, it was inferred that everything really appears upside down, but that the error was corrected by the sense of touch. Although it is obvious that the eyes of children are not perfect for a con-

siderable time after birth, and that eyes which have been couched are deprived of the use of the principal magnifier, it is remarkable that the opinion that we do not see correctly unless we learn to do so by experience, is still maintained by most authors on the subject. A chicken, as soon as it is hatched, without any education of the sense of sight, can pick up a seed with unerring certainty, and the sparrow and the bee fly in correct directions at the very first attempt. Although we are convinced by the sense of touch that an oar may be straight, yet when partially immersed in water it will seem crooked; and when we look at a long row of trees of equal height, the one which is most distant will appear the shortest, notwithstanding our experience to the contrary. The Divine Architect has formed every sense perfect in itself, and independent of any other.

(To be continued.)

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 17, 1839.

THE PRACTICE OF MIDWIFERY.

A DEPLORABLE case of ignorance, violence and death, recently occurred in the city of New York, which should not go unrebuked. By the accounts in the papers it appears that Dr. Septimus Hunter was called to Mrs. Cozzens, who was in labor. After removing the placenta, under the impression that something still required removal, he exerted himself for an hour, notwithstanding the lady's cries of agony, and finished his infernal task by tearing out her uterus. She died under his hands, a martyr to his empirical practice.

There are, in the city of Boston, practitioners of midwifery, who, if closely pressed, would be found as grossly ignorant of anatomy as the murderous Hunter. And it is well understood, too, that some of them are stupid igoramus; but because their service can be had a little under the regular professional fee of those who have devoted a whole life to the acquisition of that species of knowledge which is an anchor of hope in the chamber of sickness, they have a patronage which leads to wealth, but not always to honorable distinction. We deem it of importance to regulate the practice of obstetrics, since it has become notorious that a horrible waste of life is made, of both mothers and infants, by the bold, reckless, officious daring of men and women who have not a single claim on the score of scientific attainment. Hundreds of women are hurried out of existence by these speculators on life, though the community only occasionally hear of an aggravated case. Death in childbirth is too generally considered unavoidable, and even the opinion that everything was as it should be, by way of endorsement, by a person who is entirely incompetent to decide, puts the people at rest even when they have been suddenly shocked by an unlooked-for event of this kind. A jury of inquest should oftener be called. Cheap ignorance in physic seems to be prized in a land of civilization, while the learned are viewed with distrust and often with hatred.

Prepared Groats.—Whatever is of consequence to the comfort or even convenience of the sick, is also of consequence to the physician. Mr. Preston, a druggist, at No. 70 Federal street, Boston, an excellent chemist and a deserving citizen, has prepared groats for making pure gruel in the shortest time. But this is not the greatest advantage arising from the new mode of preparing the article; there is a guarantee that it is just what the envelope declares—"recommended for making a delicate, nourishing gruel, not liable to turn sour on the stomach—all crude and indigestible qualities being removed by the peculiar mode of preparation." Physicians can order it from almost any apothecary's shop throughout the country. Usually the market has been supplied from Europe with an article which becomes old, and in many instances wholly unfit for use, by the time it is carried to the bedside of patients. Mr. Preston's oatmeal has the merit of being actually good and fresh, and therefore to be relied upon at all times.

Willoughby Medical College.—The following account of the annual commencement of the Willoughby Medical College, in Cuyahoga Co., Ohio, is from the Cleveland Herald and Gazette.

The annual commencement of this institution was held at the College on the 25th of February, and the degree of Doctor of Medicine was conferred on the following gentlemen. Their inaugural dissertations are annexed.

W. H. Fox, of Cuyahoga Co., Ohio, on *Cold and Tepid Bathing*; J. W. Henderson, of Cuyahoga Co. Ohio, on *Anatomical Education*; A. McFarland, of Cuyahoga Co., Ohio, on *Purgatives*; J. A. Sayles, of Cuyahoga Co., Ohio, on *Dysentery*; J. M. Johnson, of Geauga Co., Ohio, on *Aspidum Acrosticoides*; W. S. Streeter, of Portage Co., Ohio, on *Cause and Effect*; Henry Spellman, of Medina Co., Ohio, on *Hepatica acuta*; Ellsworth Rose, of Erie Co., N. Y., on *Cynanche Trachealis*.

After the reading of the theses by the candidates, and the conferring the degrees, with the presenting of the diploma by the President of the institution, Professor Delamater addressed the graduates in an able, eloquent and appropriate manner. While he depicted in an impressive form the highly responsible duties of the profession they had embraced, with the many opportunities which presented themselves of doing good in the practice of their avocation; he also held up to their view a strong picture of the hostile and uncourteous conduct of practitioners towards each other, as being one of the main props of empiricism; at the same time advising them against such an illiberal course. He also urged, in a mild and affectionate manner, the necessity of their being followers of Him who spoke as never man spoke, and following out his noble example of ameliorating the condition of the distressed, and soothing pain and woe wherever it existed; while he hoped, by their strict moral intercourse with mankind, they might raise the standard of the medical profession to that elevation which it so justly merits.

The medical profession of this section of country will very soon feel the beneficial influence of this school in the advancement of medical literature. The high literary and scientific acquirements of the present faculty, together with their lofty-toned sentiments of virtue and morality, entitle them to any assistance which an enlightened community can render in establishing a medical school in our vicinity.

Medical Miscellany.—At Newburn, N. C., where the varioloid has been prevailing, there has been one death only.—Maryland has enacted a law

by which the steamers may collect pay for their services.—Dr. Southwood Smith, of Southampton, England, has completely embalmed the body of the celebrated Jeremy Bentham, who bequeathed his body to Dr. Smith for that purpose.—In 1818 a mad dog was necessarily slain in the chamber of a house in the Shaker village, near Pittsfield, Mass. About a quart of blood, for security, was buried at the foot of a pear tree, in full bloom, which immediately began to wither. Some of the small roots were supposed to have been wounded, and the poison carried into the circulation of the tree.—The catalogue of the medical department of the University of Pennsylvania, contains 202 names.—Maryland, by an act of the legislature, has appropriated \$40,000 for the endowment of a lunatic asylum.—Dr. Christison's treatise on granular regeneration of the kidneys, and its connection with dropsy, inflammation and other diseases, is in process of publication in the American Medical Library.—Dr. Morton's great work on American skulls may be expected soon.—A physician is to be elected in June, for the city institutions at South Boston.—M. Bulard, the experimenter on the plague, has invited a congress of physicians from all countries, to assemble at Malta, to agree upon a universal system of quarantine. We are translating his bulletin.—The process for embalming dead bodies or parts of animals, by the injection of a liquor, in England, is considered a great and important discovery.—Dr. Toothaker's tooth instrument is getting into favor; it is a capital instrument, and cheap, too. It may be found at Brewer's, No. 92 Washington street.—Scarlet fever is mortally prevalent, as usual, in many places, south and west.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. March.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun. 1.	2, P.M.	Sun. 3.	Sun. 1.	2, P.M.	Sun. 3.			
1 Frid.	35	36	36	28.75	29.03	29.14	N W	Clear	High wind.
2 Satur.	32	49	46	28.11	29.04	29.02	S	Flying Clouds	Warm and pleasant.
3 Sun.	24	16	13	29.03	29.16	29.30	N W	Squally	
4 Mon.	6	23	23	29.50	29.59	29.58	N W	Clear	
5 Tues.	15	28	28	29.50	29.45	29.46	S W	Clear	Aurora borealis.
6 Wed.	23	41	40	29.60	29.59	29.55	S W	Clear	
7 Thur.	32	50	51	29.38	29.29	29.25	S W	Clear	Warm and pleasant.
8 Frid.	34	50	45	29.13	28.97	29.83	S E	Cloudy	Evening, rain and snow.
9 Satur.	36	40	38	28.66	28.76	29.85	N W	Clear	
10 Sun.	29	30	31	28.98	29.04	29.16	N W	Clear	
11 Mon.	19	33	34	29.20	29.26	29.43	N W	Clear	
12 Tues.	24	45	42	29.52	29.65	29.70	N W	Clear	
13 Wed.	30	48	46	29.80	29.73	29.68	S E	Clear	At night, rain and high wind.
14 Thur.	41	41	38	29.38	29.33	29.40	S W	Cloudy	
15 Frid.	28	37	40	29.53	29.56	29.60	N W	Clear	Aurora borealis.
16 Satur.	28	44	45	29.56	29.46	29.48	S W	Clear	
17 Sun.	36	45	44	29.50	29.53	29.49	N W	Clear	
18 Mon.	37	41	40	29.40	29.34	29.30	N E	Rain	
19 Tues.	34	39	38	29.16	29.32	29.43	N E	Cloudy	Snow squalls.
20 Wed.	27	32	31	29.59	29.63	29.58	N E	Cloudy	
21 Thur.	30	35	34	29.47	29.35	29.30	N E	Rain	In the night, thunder and lightning.
22 Frid.	34	44	43	29.10	29.10	29.11	N W	Clear	
23 Satur.	36	48	45	29.08	29.02	29.00	N W	Clear	
24 Sun.	32	41	43	29.13	29.20	29.23	N W	Clear	Aurora borealis.
25 Mon.	34	42	37	29.20	29.20	29.24	N W	Clear	Morning, snow squalls.
26 Tues.	27	44	48	29.25	29.20	29.23	N W	Clear	
27 Wed.	42	62	54	29.08	29.09	29.14	S W	Clear	
28 Thur.	40	62	49	29.32	29.44	29.44	S	Clear	
29 Frid.	36	46	40	29.21	29.24	29.16	N E	Clear	Rain in the night.
30 Satur.	38	38	35	29.20	29.45	29.60	N W	Clear	
31 Sun.	26	44	44	29.83	29.92	29.92	N	Clear	

March has been a mild and pleasant month, having much clear weather, few storms, and none of great severity. The extremes of the thermometer have been 6, and 60; of the barometer, 28.66, and 29.92. Very little rain has fallen.

TO CORRESPONDENTS.—A number of communications are crowded out of this number. Among them are the following: On the use of Fowler's Solution in Scarlatina; New Method of filling decayed Teeth; Orthopedic Institution; Medical Inquiries; Ergot in Parturition; Scarlet Fever; and Case of Tetanus.

DIED.—In Kingston, N. J., George Bayles, M.D., 32.—In St. Croix, Philemon Baker, M.D., Assistant Surgeon in the U. S. Navy, 24.

Whole number of deaths in Boston for the week ending April 13, 37. Males, 24—females, 13.

Of consumption, 6—worms, 2—hooping cough, 1—convulsions, 1—wounds, 2—drowned, 3—debility, 1—inflammation of the lungs, 2—apoplexy, 1—marasmus, 1—old age, 1—disease of the brain, 1—scarlet fever, 3—croup, 1—child-bed, 1—dropsy on the brain, 1—liver complaint, 1—dropsy, 1—lung fever, 1—infantile, 1—cachexia, 1—inflammation of the stomach, 1—stillborn, 7.

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his impressions, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"New York, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston.

M 20.

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—copy

WILLIAM BROWN.

PRIVATE MEDICAL INSTRUCTION.

TWO subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and light, will be furnished to the students at the expense of the instructors.

Oct 31—epif

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

SITUATION.

A YOUNG PHYSICIAN, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 2000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained.

M 6—4teop.

TO PHYSICIANS.

A PHYSICIAN wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid.

M. 27—4f

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, APRIL 24, 1839.

No. 11.

TETANUS FROM A NEWLY INCISED WOUND.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called on Monday, the 8th day of April, to Robert Smith, a laborer, aged twenty-five years, whom I found in tetanic convulsions the most severe imaginable. His jaws were set so firmly that it was almost an utter impossibility to move them. His pulse was very full and bounding, but not frequent; his skin was covered with a gentle perspiration, and his pupils very widely dilated.

It appeared, upon inquiry, that he had, about two hours before my arrival, cut his foot upon the instep. The wound was not a severe one, not so much so as to excite any serious apprehension, or even to call his attention immediately to it. He continued at his work a few minutes after he had received the wound, and then went into the house to have it wrapped up; but whilst the bandage was being adjusted, he fell into the convulsions above described. His limbs and every muscle of the body, when I arrived, were in a state of rigid and most extreme extension, except at intervals of about every five minutes, when a slight relaxation in the muscles of the arms took place; but these remissions were of short duration, none of them continuing more than half a minute at a time. His legs and his neck at no time became in the slightest degree relaxed. His respiration was perfectly natural.

Finding him a man of a strong, robust habit, my first object was to take blood from the arm; but I was foiled in the attempt, as at the most I could make but a very little flow. I next had hot fomentations put to the abdomen and feet, and a cataplasm to the wound, after having filled it with spirits of turpentine. The limbs were rubbed briskly with spirits of camphor; ether was applied to the temples, the nostrils, and a few drops put into his mouth, whilst hot bricks were applied to the back. He continued in this state for about two hours, when his limbs became somewhat more relaxed, and he shortly came to his senses, so far as to be able to speak. At this time we were able to get a quart of blood, or more, from the arm, and the convulsions left him entirely. He continued to lie quiet for about two hours, when his jaws again became set, and his limbs as rigid as ever. I again took a pint of blood from the arm, made a free incision at the bottom of the wound, in order to cut off any wounded nerve that might there be found, and applied the powdered nitrate of silver to it, after being well dilated. We then commenced giving him brandy and opium alternately. Of the former we

gave four ounces every half hour, and of the latter five grains during the same time. Under this treatment he continued through the night with only slight convulsions occasionally. At eight o'clock the next morning, they again returned, when I once more bled him, gave a drastic purge, and continued the anodyne as usual. After this he had no more convulsions, and the next morning he was up and about. The wound is well inflamed, and begins to suppurate, with all the appearances of doing well.

This case, which I consider one of decided tetanus, is remarkable only for the time at which it came on, being immediately after the reception of the wound, and for the control which bleeding and stimulants possessed over it.

N. H. ALLEN.

Gray, Me., April 18, 1839.

FOWLER'S SOLUTION IN THE TYPHOID STATE OF SCARLATINA OR CANKER RASH.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING, in the winter of the year 1836, in an epidemic of canker rash that prevailed quite extensively in the town of Rush, in this Co., witnessed the good effects of Fowler's solution in the typhoid state of the disease, and presuming it has never, or at least not generally, been resorted to in this frequently malignant and fatal complaint, and from your expressing a desire that some more successful plan of treatment might be adopted than that in usual practice, I am induced to report a case or two.

CASE I.—Adeline S., aged 12 or 13, of a decidedly strumous habit, flaxen hair, light-blue eyes, and fair skin, was suddenly attacked, after going to school all day and studying and playing with her usual vivacity, with chills and shivering, soon followed with burning heat, great thirst, nausea and vomiting. I soon saw her and gave an emetic of ipecac. followed by a purge of cast. oil, after which she was put upon a solution or infusion of ipecac. once in 3 or 4 hours, alternated with a solution carb. soda and spt. nit. dulce. Drink, cold water, acidulated with cremor tartar. The ipecac. increased so as to induce moderate vomiting, when there was great difficulty of breathing from the accumulation of viscid phlegm in the throat and fauces. The eruption commenced coming out on the 2d day, and on the 3d was very general over the whole body; the fever running very high, with intense heat of the surface, slight delirium at night, and urgent and constant thirst; considerable, though not very great congestion and soreness about the throat and mouth; the mucous membranes of the fauces and nose covered with the efflorescence; the middle of the tongue covered with a white coat, and the edges intensely red. About the 5th day the fever and efflorescence began to subside. There were a few small ulcers on different parts of the mouth and fauces. A gargle of blood-root, capsicum and muriate of ammonia, sweetened with loaf sugar, was used, and a similar preparation, with the addition of a little ipecac., was di-

rected to be taken once in four hours, with Dover's powder, if much heat of surface and restlessness, once in 5 or 6 hours, and especially at night.

On the 7th day we thought our patient so far recovered that we quit visiting her. On the 10th we were again called to see her. There was great prostration; the tongue red and dry in the middle, with a streak of coat on each side, the extreme edges and tip red and dry also; an appearance I have only noticed in a few cases. There was great pallor of countenance, with an occasional livid flush on the cheeks; the pulse frequent, quick and weak; surface dry, with considerable heat at times. We immediately put her upon the use of quinine and capsicum, the quinine in 3 or 4 grain doses once in 4 hours, and the capsicum once in 2 hours, a tablespoonful prepared after a formula quite similar to Eberle's, viz., R. 1 tablespoonful of red pepper, a teaspoonful common salt; beat together, to which was poured a half pint of boiling water; steeped, strained, and a gill of good vinegar added, and taken when cold. She continued, however, to sink; the quinine was increased from 4 to 5 or 6 grains, with carb. ammonia, and other diffusible stimuli, such as wine and brandy. Her case was now looked upon as hopeless, her friends frequently gathering round her bed to see her die.

At this time, the 14th day of the disease, my respected friend, Dr. Edson, of Scottsville, saw her. He advised to continue the quinine and wine, and in addition 10 drops of equal parts of paregoric and Fowler's solution. In the course of 24 hours there was an evident amendment. On the 3d or 4th day there was some desire for food. On the 7th or 8th, the fever and typhoid symptoms had entirely subsided. Considerable swelling of the eyes existed, caused by the solution; for it had been given constantly every 4 hours for 7 or 8 days, notwithstanding the patient at times had complained of severe pain at the stomach, with tenderness on pressure. She convalesced rather slowly for two or three weeks, during which time the cuticle peeled off from a considerable surface of the body; on the hands and feet it came off almost like a glove, and with it a number of nails from the fingers and toes. There was great swelling of the feet and legs from œdema. Towards the latter end of the 2d week of convalescence, symptoms of anasarca came on. During this time many of the articles recommended for dropsy were given, to no purpose; the legs were bandaged with a solution of muriate of ammonia in vinegar and water. We now put her on the use of the carb. iron $\frac{1}{2}$ oz., 2 drachms extract sarsaparilla, 3 drops oil of cinnamon, 2 oz. hot water, sweetened with loaf sugar. Dose 1 teaspoonful once in 6 hours, well shook before given. Three or four days after, I was sent for in great haste. The people had become alarmed on account of her voiding enormous quantities of urine in a few hours. Their fears were quieted by assuring them it was highly favorable, and what all along we had been trying to effect. She now very soon regained perfect health, and grew rapidly. In the fall of that year (1836) I left for this place, and did not again see my patient till the summer of 1837, some 14 or 15 months from her disease. She then was enjoying perfect health, and almost in the full blush and bloom of

womanhood—which fact I mention merely to show that no bad effects had ever followed the use of the medicine, which I believe saved her life, and which undoubtedly is the most powerful and abiding tonic known.

CASE II.—A girl of strumous habit, 5 or 6 years of age, under the care of my esteemed friend and former preceptor, Socrates Smith, M.D., was treated nearly in the same manner as case I. Both he and the child's friends looked upon the case as mortal. He directed 5 drops of a mixture as before; that is, one half paregoric and the other half Fowler's solution, once in 4 hours, with complete success. In fact, the mother declared to him, and afterwards, upon inquiry, to me, that before she gave the first dose, she sat holding the child in her lap, thinking every breath would be its last; that she gave the drops, and in less than ten minutes it roused up as from a sleep, got out of her lap and sat down in a little chair at her feet. To the truth of this I will not vouch, as I did not see it; but I believe it to have been so, for the neighbors as well as the woman attest its truth, and they are all very respectable. One thing, however, is positively certain—the child got well.

It will be noticed that emetics in the early stage of the first case were used. In fact I have, with Professor Cross, great confidence in them in the treatment of this disease, in all its forms and varieties; and with him I believe a great deal depends upon their proper selection, though I differ with him in regard to their administration, in some particulars. He seems to place his whole dependence upon their efficacy when given in sufficient quantities to vomit, and often repeated; whereas I believe equally as much or more depends upon their being given so as to produce constant and protracted nausea. When called to a case, my practice is to administer an emetic of ipecac. or emetic tartar, or ipecac. conjoined with sanguinaria Canadensis, sulph. zinc., or supri, according to the condition of the system and the stage of the disease (which I shall presently describe). After their operation I should cause the bowels to be gently moved with castor oil, senna or salts, or rhei, or even with magnesia or manna in very young cases. I firmly and sincerely believe, from what I have seen of its effects, that the frequent and free use of calomel, as so highly recommended by Armstrong, Eberle, and almost every writer upon the subject, and so generally practised, is productive of more injury than benefit. For we all know that one of the specific effects of this article is to produce increased action in the glands and parts about the neck and mouth, and, when carried still further, engorgement and inflammation. The same effects are produced by this disease in a peculiar manner; that is, engorgement, inflammation, ulceration, and, in malignant cases, gangrene and mortification. Calomel, therefore, is not indicated, unless in cases of decided bilious temperament, and where there are well-marked signs of derangement or obstruction of the portal system. After the bowels are evacuated, the patient should be put upon nauseating doses of the tartrate or ipecac., once in 1, 2, 3, or 4 hours, according to the urgency of the case; and whenever the trachea, bronchia or lungs seem to be loaded and pressed with a collection of viscid phlegm, it should be thrown off by exciting vomiting,

either by increasing the dose, or, when not readily accomplished, owing to the system being habituated to its impression, by giving some other article, as ipecac., if using the tartrate or zinc, or cupri if the ipecac. Vomiting once or twice a day is usually sufficient. This course should be kept up till the fever and efflorescence abate. When typhoid symptoms make their appearance, it should be discontinued entirely in nauseating doses, though the more stimulating ones may be used in this stage, even to a late period, with great advantage as a gargle, for which we have the authority of Armstrong and Eberle.

The states of the system in which tartar emetic is indicated and will prove beneficial, are, 1st, where the temperament is bilious or sanguinobilious, and the age over 5 or 6 years. It may perhaps be given younger with safety and benefit. Under a year, however, it should never be given, being so liable, in such cases, to become unmanageable and produce fatal consequences. 2d, where the fever runs high, where the heat of the surface is intense, or, to use a vulgar expression, almost "sissing," for, "according to Currie and Willan, the heat of the surface has risen to 108 and 112 degrees of Fahrenheit's thermometer." 3d, where there is congestion, engorgement, or inflammation of the brain, lungs, or liver,* and especially the lungs.

What is the first great indication under these circumstances? Obviously to reduce and weaken the strength and force of the sanguiferous system, the heart and arteries, whose excessive action threatens such disorganizing and fatal consequences; and, 2d, to allay the intense heat of the surface. What more powerful in the first, after vomiting by the same means, than nausea, constant and protracted, from emetic tartar, save bloodletting, and that, I believe, is never beneficial in this disease, under any circumstances. And in the second, what more powerful to determine to the surface, to excite an action in the capillaries, and thereby allay the burning heat and dryness?

Where it is not indicated, and where ipecac. will be more useful, is, 1st, in young subjects; 2d, in decided strumous habits; 3d, where there are well-marked signs of gastric disturbance, or inflammation of the stomach from the first; 4th, when typhoid symptoms prevail. When there are malignant typhoid symptoms, the ipecac. should be conjoined with sulphate of zinc or cupri, or bloodroot, or these alone.

Were this plan of treatment generally adopted—emetics in the early and eruptive stage, and Fowler's solution in the low typhoid one, when that should occur (which would not be the case to anything like the extent which it is under the common course)—I do most solemnly believe that the ravages of this at times most malignant and fatal disease might be greatly lessened. It may be proper here to mention, that

* Even in recent cases of disease in this organ, I believe it will prove nearly, if not quite, as efficacious as calomel or mercury in any form, given in alternative or slightly nauseating doses, at short but regular intervals. When I commenced practice it was with strong prejudice against this article, imbibed by hearing the lectures of Dr. William Tully, who, it is well known, thinks most of our diseases are of an atonic character, and do not require such powerful reducing effects as this article is capable of producing. But since I have been in full practice, my prejudice has given place to confidence.

I do not say this in derogation of the man, for I have and do now yield him all the homage that is due to his age, talents and profound acquirements. While attending his lectures at Castleton, Vt., I was his silent, though enthusiastic admirer. He gave of the article under consideration, the most accurate and perfect account, as to its properties and powers, of any I have ever heard or seen.

in the epidemic that prevailed in Rush, in 1836, only one patient died, and that a child 6 or 7 months old, before the eruption broke out, and before the disease was recognized, it being the first or one of the first cases.

In further corroboration of the emetic plan, I will mention that the disease prevailed the same winter in this town, Ogden, to something of an extent, under the care of my friend James H. Gillet, now of Springfield, Ohio, who depended almost entirely upon emetic tartar, and whose confidence in it is so great that he thinks he could cure the disease under whatever circumstances or modifications it might appear. He had 7 or 8 patients in one family, all down with it at once, three or four of whom it was thought by the neighbors, and by a consulting physician, could not live, but who finally recovered. This circumstance gave the greatest notoriety to his treatment. I have since become acquainted with the family. They are all of the sanguino-bilious temperament. I would remark, that soda, in some form, should be constantly used in this disease.

Yours, very respectfully,

Adams Basin, N. Y., April 1st, 1839. GEO. C. HOWARD.

P. S.—Why do not some of your able and veteran practitioners write more for your valuable Journal? They might, with little trouble to themselves, communicate detailed and practical pieces on all the common forms of disease, such as we daily and hourly meet with, especially the whole tribe of chronic ones, which often confound, perplex and baffle us, and which entail an immense amount of suffering, a thousand fold greater than is caused by rare, nondescript cases, which only occur at long intervals, and which to a considerable extent fill all our medical papers, to the exclusion of those of very frequent occurrence. Where are Channing, Ware, Hayward, Miner, North, "Senex," Comstock, and a host of others that I could mention?

G. C. H.

MEDICAL INQUIRIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Peirson, in your number for April 3d, says—"Take, from the list of poisons in the article 'Toxicology,' in the excellent *English Cyclopaedia of Practical Medicine*, iodine, alcohol, garden lettuce, carbonic acid—is it not obvious that we can receive the action of these substances in certain quantities, without their specific effects being in the least degree developed? And yet a man may be narcotized by alcohol and asphyxiated by carbonic acid."

In reply to his question, I might answer in the negative. I might say it is not "*obvious*" that we can "receive the action" of either of the substances here named, without their specific effects being in the *least degree* developed. Need I refer a learned and eminent surgeon and physician to the case of those individuals who, having for some time breathed the fumes of lead in its deleterious forms, without apparent injury, tell us it does not injure them—or that of him, who, having been

bitten by a mad dog ten years before, gravely assures us that it has not poisoned him, and yet eighteen years afterwards dies of hydrophobia?

But my business is not so much to deny what has been either affirmed or doubted, as to propose a few inquiries. I do not expect they will be answered, as I have no claim on you or Dr. Peirson in this respect; though I should rejoice to find a reply to them in some future number, from either of you or from any other individual. I would, however, observe, in this place, that I do not exactly like to have so much stress laid on the word *poison*. It is time mankind were more rational than to use *doubtfuls* at all—I mean in health. The question should be, not, *what will be least hurtful*, but *what will be most useful*.

Is it true that the conservative principle—the *vis vitæ*—of the human system, has the power of controlling the action of poisons on that system, however small their quantity, even the poison of carbonic acid or garden lettuce, to such an extent that their deleterious effects will be, as Dr. P. affirms, “entirely prevented?” If so, where is the proof? Will the loose analogy of the action of heat and cold on the living system be deemed sufficient?

Is it not true that, as a general fact, the smaller the quantity of any poisonous substance introduced into the blood, or even into the stomach, the greater is its injury to the living system, *in proportion to its quality*?

If the last question should be answered in the negative, does it not devolve on him who makes the reply, to show where the dividing line is between *injury and no injury*? That is, if the *vis vitæ* can resist a drop or a grain of some deleterious substance, so as to prevent, completely, any evil effects to the living system, can it not resist two drops or grains? Can it not ten? Can it not twenty? Or if not, I repeat it, where is the dividing line between poison and no poison, in the application of substances, all of whose parts are alike foreign to the human system?

Yours, &c.

W. A. A.

Boston, April 18, 1839.

ERGOT IN PARTURITION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It is not my intention to eulogize this valuable medicine. Its character as an accelerator of parturition is sufficiently established, and any remarks of mine, in this respect, would be superfluous. I have used it, probably, in more than a hundred instances, and have *always* had reason to be satisfied with its operation. In fact, it has rarely, if ever, failed of producing the desired effect, in any of the cases in which I have administered it. I consider its action on the uterus, after labor has commenced, to be as certain as that of any cathartic medicine, which I have ever employed, upon the bowels. My object in writing this note is to say, that I do not think the precaution of keeping the ergot in an hermetically-sealed bottle or jar, or keeping it excluded from the air, as recommended by several late writers in the journals, and pharmacopologists, to be necessary. Nor do I think it necessary

to pulverize it only when used. I have purchased the article in quantities of more than a pound at a time, and have kept it for years in a wide-mouthed jar, covered with nothing but paper. I frequently pulverize an ounce or two at a time, and fill a small phial, which I always carry in my pocket case, as constantly as I do calomel and other cathartics; the rest of it I tie up in a paper and lay it in the jar with the unpulverized spurry grain, and whenever I have occasion to fill my phial I take it from that paper. That which I have now in my possession is four or five years old. I have used it frequently within a year, with good effect. Within a week I gave 20 grains of it in powder, the dose which I usually prescribe, to a patient who had lingering pains for 24 hours, one in from 20 to 30 minutes, but feeble and inefficient. In 15 minutes from the time I gave it, her pains came on, and never left her for more than 20 minutes, when she was delivered of a lusty child weighing ten pounds, in perfect health. This ergot had been pulverized nearly or quite a year, and had no other protection from the atmosphere than a piece of paper and a common cork. It appears to me that the above facts are worthy of consideration.

Deerfield, March 25, 1839.

STEPHEN W. WILLIAMS.

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I find I am not alone in being surprised at the opinion expressed by Dr. Mauran, and apparently endorsed by yourself, of the necessity of tobacco for public speakers, to prevent the occurrence of the disease that has recently affected clergymen so extensively. I apprehend, my dear sir, that these opinions have been given upon few data, and without the reflection which is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind.

If it is indeed true that one qualification for preaching the gospel should be the practice of a most disgusting and vicious habit—the use of a narcotic which is second only to alcohol in its deleterious effects upon health and morals—then, indeed, a new era of knowledge has commenced. The facts that have been presented to me in a practice of more than thirty years lead me to very different conclusions. The first clergyman that consulted me, many years ago, for this difficulty, had arrived at the age of fifty when the disease commenced. He had used tobacco from his youth upwards; he used it then, and afterwards, and I believe continues to use it till this time. He now enjoys comfortable health, but is unable to speak for any length of time. He left the desk long ago, in consequence of loss of voice.

Another clergyman, with talents of the first order, was obliged, at the age of thirty, to leave a people greatly devoted to him, in consequence of this affection of the voice. He was an inveterate chewer of tobacco, and I believe smoked the cigar also.

I am not confident what were the habits, in this particular, of the numerous patients who have applied to me for advice, or whose cases

have come to my knowledge ; but the impression is strong upon my mind that quite a large proportion used tobacco in some form. The effect of snuff upon the voice is proverbial, so much so that many are able to detect the habit by the voice alone.

The influence of tobacco upon health is certainly deleterious. There is no mistake in this matter. It deranges the nervous system and diminishes the tone of the stomach, in innumerable instances. A narcotic of such power as tobacco, which cannot be used in the minutest quantity by the uninitiated without the most disagreeable and often dangerous effects, the habit of using which cannot be established without difficulty and great caution, and when established, cannot be abandoned without severe suffering, great prostration, loss of appetite, gastric sinking and distress, which shows how nearly allied are its effects to those of alcohol, should never be prescribed without great caution. Indeed, I have supposed that it was the most ready and common stepping-stone to that use of spirituous liquor which leads to intemperance. Those who chew or smoke tobacco are rarely satisfied with water, or other insipid and tasteless drinks, else why should the bar-room and the grog-shop be the resort of the smoker ? I would not insinuate that all who use tobacco are lovers of strong drink, nor proscribe alcohol or tobacco as remedies in some forms of disease ; but I would be very cautious how I recommended either as preventives of disease. How many thousands have found an untimely grave by the use of brandy, wine, and other narcotics, used to guard against sickness or as remedies for chronic diseases !

Fully believing that the tendency of the use of tobacco is to promote, rather than prevent, the disease in question, I could not forbear to state my views on this *one point*, and may, at a time of more leisure, give you more at large the results of my observation on this active and dangerous narcotic.

One word with respect to the disease. I have been led to suppose that the modern practice of preaching in *vestries*, and thickly-crowded, close and warm rooms, and afterwards inhaling cold air while heated, had much to do in producing the new disease. Vestries are of modern origin, as places of religious worship ; the rooms are small and low, and, when filled with people, the air becomes exceedingly bad. The speaker, elevated above the audience, and often near the wall above, inhales none but contaminated air, unfit for the lungs, and highly stimulating to the organs of speech. In such an atmosphere, tending to paralyze his efforts, he is obliged to redouble his exertions. How often do candles burn dim in such rooms ; and how often, in spite of all effort, do both speaker and hearer become dull and languid ! This effect is doubtless the consequence of the inhalation of an atmosphere rendered deleterious by the exhaustion of the principle which supports life. I believe the disease in question often arises from the frequent repetition of this cause, by a preacher whose health is not firm, and whose constitution is not vigorous.

Yours, truly,

April 15th, 1839.

S. B. WOODWARD.

THE LATE PROFESSOR HUBBARD.

[THE following biographical sketch of Thomas Hubbard, M.D., of New Haven, Ct., is from the Introductory Lecture of Dr. Knight, the successor to Dr. H. in the chair of surgery in the Medical Institution of Yale College.]

Upon the decease of Dr. Smith, the well-known and long-tried reputation of Dr. Thomas Hubbard, as a judicious and experienced surgeon, pointed him out as the proper person to fill the vacant professorship of surgery. He was chosen to that office in 1829, and filled it to the time of his death, with great and increasing reputation to himself and benefit to the institution.

In Dr. Hubbard we have another instance, added to the many which have preceded it, of a man raising himself to high and deserved eminence in a liberal profession, in the midst of an enlightened community, by great energy of character, unaided except by his own exertions.

He was born at Smithfield, near Providence, in Rhode Island, where his father resided as an inn-keeper, in the year 1776. While he was quite young the family moved to Pomfret, in this State, where the same occupation was pursued. When he was about sixteen years of age, his father having died, the care of the establishment, and the oversight of the concerns of the family, consisting of a widowed mother and several children, all younger than himself, devolved upon him. The duties which were thus thrown upon him, at a period of life when most young men are scarcely competent to take care of themselves, were performed with great judgment and skill, and evinced the same energy and decision which characterized him through life. At this time he acquired a fondness for agricultural pursuits, an employment which he continued with much gratification, until his removal to this place. What his early education was, I am not informed, though it is known that he pursued the study of the languages and of mathematics for a period, most probably a short one.

His professional instructor was Dr. Albigense Waldo, a surgeon of considerable reputation, who had acquired most of what he knew of the art by his practice in the army. Dr. Hubbard, however, derived the greater part of his knowledge from the diligent study of the best medical books, and from his own observation. He was a most diligent student, not only when preparing for his profession, but during his whole life. His library was a valuable one, especially in works on surgery, and his habit was to spend a portion of every day, even when engaged in a most laborious practice, in availing himself of the knowledge which it afforded. I have often heard him remark, that the physicians who neglected his books would lose more by forgetfulness, than he would acquire by observation, and would be less skilful in his profession at fifty, than he was at thirty years of age. His written lectures bear the strongest marks of his great industry. He obviously revised with care every subject, each successive year, and at each revision added, in the form of notes and interlineations, the result of his reading and observation. This course of diligent study, aided by a strongly retentive me-

mory, stored his mind with the most valuable information. I know not the man whose knowledge of the best practice of the best surgeons is more intimate and exact.

Having prepared himself for his profession, he commenced the practice of it upon the death of his preceptor, Dr. Waldo, in the year 1795, before he was twenty years of age. He met with opposition at first, on account of his attempting to unite the practice of physic with that of surgery. It seems to have been the custom of that part of the country, as it had been extensively elsewhere, for the surgeon to confine himself to that branch only, and to call in the aid of a physician when it was thought necessary. This plan Dr. Hubbard always reprobated, believing that the union of the two professions in the same person was better suited to the wants especially of a scattered population. Whatever opposition there was, seems soon to have subsided. His practice became extensive and very laborious, reaching not only all the eastern parts of the State, but also the bordering towns of Rhode Island and Massachusetts. There is the fullest proof of the success of his practice, especially in surgery. His qualifications as a surgeon were of a high order. Though not early instructed in anatomy, he was in the constant habit of dissection, and thus gained the requisite anatomical knowledge. He was prompt and decisive in forming an opinion of the cases which were presented to him, and equally so in advising and performing such operations as he deemed necessary. His vigorous and well-trained intellect, enlightened by long experience, grasped the strong points of a case, both as they were at the time, and as they would become if neglected. He always advocated an early resort to surgical operations, not timidly and hesitatingly waiting until its necessity might be more obvious, at the expense of the health and perhaps the life of the patient. In operating, he was cool, deliberate and collected.

The same promptness and energy which marked his character as a surgeon, controlled his practice as a physician. Employing but few remedies, and those of an active kind, he was thoroughly acquainted with their effects, and used them with great judgment and skill. He had great confidence in the remedial power of active medication. The object at which he aimed was to break up disease in its forming stage, or to control it by agents stronger than itself. This trust in the power of remedies he was in the habit of expressing strongly to his patients, and thereby secured that confidence on their part, which is so efficient an aid to the physician in the cure of diseases.

His energy and promptness sometimes gave a degree of peremptoriness to his manner, which, if untempered by kindness, might have been unpleasant. This was seen, however, to be prompted by the desire to enforce a strict observance of that course of treatment which he knew was for the benefit of the patient, and as such was duly appreciated.

In his intercourse with his patients, he was frank and undisguised, and entirely above those little tricks and concealments which indicate a weak or dishonorable mind. The same frankness also marked his conduct towards his professional brethren, and all others with whom he associated. The free expression of opinions uprightly formed, he be-

lieved to be the right and the duty of an honest man ; a right which he claimed for himself, and to the exercise of which by others he was unusually tolerant.

During the thirty-four years which Dr. Hubbard spent in Pomfret, his time was fully employed in the faithful discharge of his professional duties, as well as those which devolved upon him as a good citizen, and a kind and upright man.

He was several times chosen Representative and once Senator in the Legislature of the State. He was also appointed President of the Connecticut Medical Society, and held the office until he declined a re-election. He was active in the promotion of such institutions as were designed for the benefit of the afflicted. The Asylum for the Deaf and Dumb, the Retreat for the Insane, and the State Hospital, each in its turn received his efficient aid. In the last year of his life he was active, under the authority of the Legislature, in procuring information, and in devising plans preparatory to the establishment of a hospital for the insane poor. The fatigue and exposure, while on a journey connected with this object, appeared to excite the disease which terminated his life.

In the year 1829, Dr. Hubbard removed from Pomfret to this place, and assumed the duties of professor of surgery in this institution, and for nine years he performed these duties with great zeal, industry and success. As an instructor he was plain, simple, straight-forward, abounding in correct principles and illustrative facts, without any attempt at the niceties of style or the graces of manner. Unbewildered himself by theoretical discussions, he spent no time in making theories of his own, or in marring those of others. His remark was, that if young men were desirous of theories, they could find enough of them in the books, and that his business was to teach them, by facts, how to distinguish and cure diseases. Possessing a memory wonderfully retentive, he embodied the accumulated facts and the rich experience of his professional life in the course of his instructions, thus giving them authority and force. His lectures were highly useful, and deservedly acceptable.

His life while here was one of usefulness and honorable exertion. Assiduous and kind in his attendance on the sick, punctual to all his engagements, resigned under many afflictions, cheerful and instructive in his conversation, affectionate to his family and familiar friends, and just to all men, he gained the respect and confidence of the wise and the good. Dr. Hubbard was through life an upright and a virtuous man. During the last years of his life, he thought much upon religious subjects, and his reflections, as we have reason to believe, under the divine guidance, led him to embrace the truth and the faith of the gospel. This faith he professed by joining himself to the communion of the Episcopal Church in this city.

He died June 18, 1839, of a disease of the stomach and bowels, of which he had previously suffered several severe attacks.

BOSTON MEDICAL AND SURGICAL JOURNAL

 BOSTON, APRIL 24, 1839.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

PART II. of Vol. IV. for 1839, by the politeness of some unknown correspondent, has been received. It is extremely gratifying to perceive the harmonious and energetic vigilance of this Society, spread over an extent of territory equal to some of the kingdoms of Europe. The annual meeting was held at Albany on the 5th of February. Laurens Hull, M.D., was elected President; Sumner Ely, M.D., Vice President; Peter Van Olinda, M.D., Secretary; and Platt Williams, M.D., Treasurer. It was resolved that the prize question of last year be continued, and considered as offered for next season; and the prize question for 1840 is, "The diseases of the spinal column, their causes, diagnosis, history, and best method of treatment"—for which \$100 is offered for the best dissertation. A resolution was submitted by the Rennselaer Subordinate Association, stating it as their opinion that the present term of study was too short, and requesting that the subject might be brought before the Legislature, praying for the extension of the term of study one year. Another resolution was, that the increase of medical schools in the State was not inconsistent with the true interests of the profession, provided they are placed under proper restrictions and responsibilities—which evidences a spirit of liberality highly creditable to the Society.

The president's address on *quackery*, is a short paper. Another paper on suicide and its increase, at the present day, translated from the German of Professor Casper, of Berlin, by Dr. H. B. Webster, will be read with mingled feelings of surprise and interest. Statistics of the Medical Colleges of the United States, by T. Romeyn Beck, M.D., has all of that accuracy of detail, and, consequently, weight of authority, which distinguish that gentleman's writings—and which have given him a distinction as wide as the boundaries of the English language.

There is one single fault which we cannot refrain from pointing out, that savors of a certain degree of illiberality which could hardly be expected in a body of scientific men, so generous in every other respect. "No person coming from another State or country, shall practice physic or surgery in this State until he shall have been examined and licensed by the Censors of the State Medical Society." Now it strikes us that a diploma from any of the medical colleges, universities or medical societies of other States, should be received as unquestionable evidence of the qualifications of an emigrant physician.

It was proposed that a medical convention should be held the first Tuesday in May, 1840, in the city of Philadelphia, to consist of three delegates from each State Medical Society, and one from each regularly constituted medical school in the United States—which we shall probably refer to hereafter.

The manner in which the county societies are organized is certainly an admirable system, that might be copied to advantage in other States. Finally, we are desirous of expressing the pleasure we have derived from a perusal of these transactions.

Transylvania Medical School.—A gentleman for whom we entertain the most perfect respect—though we have never had the pleasure of a personal acquaintance—writes us from Philadelphia that a paragraph inserted in the *Journal* a short time since, respecting the above-mentioned school, copied from a western paper, was calculated to injure the reputation of the institution; “but had you stated,” he says, “the name of the paper in which it originated, no injury could be done by the article, among those who know the state of the policy existing in the minds of the editor of that paper, and those who write for it. The article was from the *Louisville Journal*, and justice demands that you should, in a short paragraph, state that fact in your next number. That will be sufficient to avert its injurious tendency.” Nothing gives us more satisfaction than to remove false impressions; and our correspondent, if he is as just and impartial as we intend to be in all that relates to medical science and the prosperity of medical schools in the United States, must have discovered that we firmly vindicated the character of the *Transylvania Medical College*, in the same article, against the insinuations of an enemy. We do not hesitate to declare, most frankly, that so far from being on the decline, there is every indication of increasing usefulness and vigor in that oldest medical school of the West. The splendid endowment of the city of *Lexington*, just made, of \$45,000 for the purpose of increasing the already large library, apparatus and museum, and for raising a new edifice, gives it a power of which its friends may be proud, and its enemies alarmed at. There is nothing like a sickly condition in all these energetic movements. *Dr. Robert Peter*, one of the professors, favorably known to men of science everywhere, is now on his way to Europe on the business of the college. These facts are presented to the professional public with peculiar pleasure, and it is sufficient, we trust, to exonerate us from any implication of having felt the remotest degree of hostility towards the *Transylvania* institution.

New York Quarterly Journal of Medicine and Surgery.—A prospectus of a new periodical, in the city of New York, with the foregoing title, has been received, from an anonymous source. We profess the most hearty good will towards the enterprise, but protest against the imposition of being taxed eighteen cents postage for the prospectus. If it had been a document of any value, a word of complaint would not have been uttered; but to compel us to pay for a piece of intelligence that arrives by the mail, day after day, is abominable. We are continually paying out for duplicate papers, pamphlets, circulars, notices of subscribers’ removal, &c., far more than we are actually able to bear.

Having vented this amount of spleen, we respectfully present the claims of the new quarterly to the profession of the United States. Unfortunately for its first set-off, it is minus the name of an editor. Should it prove in the sequel that *Dr. Doane* controls its destiny, it will probably flourish, because he is a man of industry. *George Adlard*, 168 Broadway, is the publisher.

The prospectus says—“The contents of the *Journal* will be, for the most part, original: consisting of memoirs, essays, cases, and other communications that are, from time to time, read before the medical societies of this city; of similar articles from other sources; of the minutes of said societies, when of sufficient importance to be made public; and of lectures and occasional discourses. A portion of the work will be appropriated to biographical notices, and to important medical intelligence; but it shall in

no wise be so burthened with extracts from other publications, as to endanger its distinctive character; it shall continue independent of our medical colleges, and above all party and sectional influence. The Journal will be issued quarterly, commencing on the first of July next. Each number will contain 240 pages, forming two volumes annually. The subscription price will be five dollars a year, payable always in advance."

Speaking of journals—what has become of the magnificent scheme for a New York Lancet with its 800 advance-paying subscribers?—If the medical associations in the city of New York really desire the prosperity of the quarterly, as professed in the circular, the editor of the late Medical Examiner should be at once secured. A man of vigorous movements, always animated, and always just and impartial in his intentions, must have the helm, or the whole concern will be in ruin before 1840. If there is more than one editor it will prove a sinking ship. There cannot be two masters on board the same vessel in joint command.

University of Pennsylvania.—The medical class in this institution for the session of 1838-9, numbered *four hundred and two* students.

At a public commencement, held April 5th, 1839, the degree of Doctor of Medicine was conferred by the Rev. Provost, John Ludlow, M.D., on *one hundred and forty-six* gentlemen. An eloquent and impressive charge was delivered by Professor Chapman.—*Medical Examiner.*

Blue Pill.—SIR,—Can you, or any of your correspondents, tell why the preparation called "blue pill," is so often preferred to calomel? Is it not an unscientific preparation, and therefore one which ought to be discarded in practice? So far as my experience extends, I am not aware that it possesses any advantages over calomel, for I confess I cannot tell wherein their operations differ. If it possesses any advantages as a remedial agent, it ought to be employed; if not, the one most convenient would commend itself to all.

JUVENIS.

Medical Miscellany.—Mr. Combe has completed another course of lectures at Philadelphia.—Mr. Fowler, the phrenologist, took a cast of the head of a boy, in Boston, last week, only nine years of age, which measured *twenty-five* inches in circumference—exceeding the average of adult craniums by about two inches.—Mr. Combe is now giving a second course of his invaluable lectures on phrenology and moral philosophy, at New York.—Dr. Isaac P. Vaughan, charged with the murder of Walter H. Pleasants, at Richmond, Virginia, has been acquitted.—Professor N. C. Kamper died at Amsterdam, on the 15th of March.—Joseph Benton, a revolutionary soldier, in the 108th year of his age, recently received a pension for past services.—Dr. Buisson, of Paris, is said to have discovered an antidote for hydrophobia—which consists of a vapor bath, heated to 126 degrees of Fahr.—No. 7 of the Phrenological Journal has been enlarged 16 pages—an excellent and cheap periodical, being \$2 per annum.—Dr. J. B. Gale, of Amesbury, Mass., has invented a new and admirable tooth key, called the compound tooth instrument, a beautiful piece of workmanship—a specimen of which may be seen by calling on the editor. A distinct paper will be devoted to this invention as soon as there is room in these pages. A specimen may also be seen at Metcalf's, Tremont Row, where it is soon to be on sale.

TO CORRESPONDENTS.—Dr. Comstock's valuable essay on Scarlet Fever will be reserved for the first No. in May, in which it will be commenced. Other papers are on hand.

DIED.—In Leicester, Mass., T. Mather Clapp, a medical student, 19.—In Madrid Mo., Dr. Morgan.—In Social Circle, Geo., Dr. David Day.—At Philadelphia, Edward Gardner Davis, M.D., son of the late Jonathan Davis, Esq., of Boston. He was a graduate at Harvard University, in the Class 1820. While he had a mind capable of grasping the most abstruse problem of the exact sciences, he was an excellent linguist and a finished belles-lettres scholar. Amiable in disposition, and modest and unassuming in manners, he won the esteem and respect of his classmates, and of all others with whom he was associated. For several years past he has been engaged in practice, as a physician, in Philadelphia.

Whole number of deaths in Boston for the week ending April 20, 24. Males, 10—females, 14.
Of consumption, 4—rheumatic fever, 1—inflammation of the lungs, 1—casualty, 1—scarlet fever, 7—lung fever, 3—disease of the heart, 2—debility, 1—dropsy on the brain, 1—insanity, 1—paralysis, 1—hooping cough, 1—stillborn, 1.

NOTICE.

A PHYSICIAN in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable.
A 24.—eop6w

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital; and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchesse D'Orléans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafeld, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,

Office 4 Vesey Street, Astor House, New York.

A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10. Feb. 13—6m

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

Oct 31—eptf

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$8.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MAY 1, 1839.

No. 12.

ON SCARLET FEVER.

BY JOSEPH COMSTOCK, M.D., LEBANON, CT.

[Communicated for the Boston Medical and Surgical Journal.]

SCARLET FEVER has many congeries ; and if, as our most eminent authors decide, its different titles all point to the same disease, a reference to some of its different names may serve to shed light upon its real or supposed character. Thus we have *scarlatina anginosa*, *purple fever*, *angina maligna*, *angina ulcerosa*, *cynanche maligna*, *putrid quinsy*, *canker rattles*, *canker rash*, *putrid sore throat*, *rosalia*, and some others.

Dr. Miner observes, that "It is usually easy to see *generic* resemblances ; but it often requires the most exact discrimination to detect *specific* differences."

Scarlatina occurs with vomiting, a very quick pulse, high fever, extremely hot skin, delirium, thirst, sore throat, scarlet efflorescence, and swelled tonsils. There is not always, with us, a four days' illness preceding the eruption, as foreign writers teach ; for in less than *three* days children sometimes die, having had them all, and this without the least previous indisposition. It occurs (that is, the fever) without the usual efflorescence, in scarlet, crimson, or rose-blush patches. There are, in other cases, neither points nor patches, but only a general uniform redness, which is most apparent on the face. It then resembles a deep-red, or crimson blush, only it is not evanescent.

The fever may occur, as often happens, without any noticeable, or at least remarkable, change on the surface ; and with a throat, mouth, tongue, or ear affection only, one or all—the tongue being sometimes so swollen that infants cannot draw the mother's breast. The coat thereon is white, yellow or brown. The efflorescence, in other cases, takes place with very little, if any, soreness of the throat or mouth, or swelling internal or external, except a general and uniform bloating of the whole body. In this form we may look for the eyes to be watery, bloodshot, and impatient of light. Such affections of the eyes may, however, occur in all the forms of the malady. But this is the form that usually has the greatest desquamation of the cuticle during recovery. Perhaps, on the whole, the disease appears more frequently in *red patches* than in *red points*. In *red points* we have the hottest skin, but in *red patches* we may expect more of canker.*

* *Canker*.—We choose to retain this term—by which is meant eroding and extremely tender little ulcers, without any tumor—often tending rapidly to *aphacelus*—always looking *aerose*, seldom bloody

The fauces are usually redder than natural, but not uniformly so, for in some cases they are paler than in health. When pale there is a bloated appearance of the parts, denoting an erysipelatous inflammation rather than that of phlogosis—a state threatening mortification rather than suppuration. External swelling of the glands of the neck, ending in suppuration, is, however, not unfrequent. A physician in a distant town, with whom I was lately in consultation, gave me the history of a case in which suppuration, canker, or sphacelus, or all united, had so destroyed the parts, that a hole was formed quite through his little patient's neck, so that food and drinks came out at the orifice. From the cavity of the ear matter sometimes passes by way of the Eustachian tube into the fauces, and thence into the stomach, causing sickness, vomiting, and loss of appetite. Such a case fell under my notice lately. In such cases there is also a discharge from the ear externally.

This disease evinces its relation to croup, quinsy, and other throat affections, by the excessive torpor of the stomach, which is sometimes so great that the very largest doses of emetics fail to produce vomiting. When croup follows scarlet fever, it is in some parts of the country called *canker rattles*—rattles being the popular name for croup. In bad cases a claret or mahogany color of the abdominal and hypogastric regions will be found to exist, when not to be elsewhere seen. As this portentous hue is thus sometimes local, it can only be ascertained by inspection. The penis of boys is purple and swollen in such instances. In one respect scarlet fever, when pure and uncomplicated, shows a dissimilarity to croup and other complaints of the respiratory organs, by the freedom and easiness of breathing, which is sometimes unaffected even in the whole stages of the very worst cases.

One phenomenon of dangerous disease, is a brain affection, denoted by stupor, and a constant disposition to sleep; although the patient is easily aroused, he directly gets to sleep again, and continues to sleep quietly, and to breathe easily, sometimes to the last. This is directly different from croup, and is the more striking because croup sometimes succeeds canker rash.

The stools, when the disease is malignant, are black, and sometimes more intensely so than in any other disease whatever. I have known black vomiting in one or two cases only. Clots of blood are found in the dejections, in cases of internal hemorrhage—so black, indeed, as not to be known without breaking them. It is a popular opinion, and not entirely unfounded, that calomel colors the stools black. But I have known them black before that or any other medicine had been given—of which I had a proof lately in a child.

Pain in one or both of the ears is not uncommon. Nor is it unusual for one or both of them to suppurate, and to discharge after recovery, and to prove a great annoyance, as well as to be difficult to heal. Deafness is from hence to be feared.

Blood sometimes issues from the nose, mouth and bowels, but is not always fatal. It occurs only in protracted cases. In one case of three

or black, but often ash colored. They are seated in the mouth or throat, or both, at first, and afterwards erode other parts, external and internal.

weeks' continuance, and when professional visits were discontinued, and the patient apparently out of danger, this kind of hemorrhage occurred. We saw the blood, of a scarlet color, trickling down the upper lip from both nostrils at once. It was thin, and like bloody water as to consistence. Its intense scarlet hue showed it to be of arterial origin; and the patient's pulse, which had been, in the acute stage of the disease, scarcely to be felt, was now full and active. This patient was a boy eleven years of age. His nose had leaked, and coagula formed in his nostrils, for several days preceding. The day before, the skin over the left nostril was swollen and of a *blue-black* color. It regained, however, its natural hue, the swelling went off, and the bleeding was checked.

A bloated state of the abdominal and hypogastric regions, without discoloration, with an inappetency to urine, or temporary ischuria, are symptoms which we have sometimes to combat.

Prognostics.—The brain affection, the tendency to mortification, the dissolution of the crasis of the blood, and the extensive disorganization in and about the mouth and throat by canker, form the sombre shades of the malady. Either of these may end fatally, or the whole in combination. The fever itself, although hotter than any other, does not of itself produce death. It always abates before that event, if it is to take place. And if the disease proves fatal in its acute stage, as on the third day, it is by mortification. We have known one instance of this, in which the abdominal region became, after dissolution, as spotted as a leopard.

From the high authority of Dr. Dewees we learn that the patient, in all forms of the disease, is out of danger on the *ninth* day. But this is by no means uniformly the case. Canker continues to erode, to destroy digestion, and to impair the appetite, for a number of weeks, in some cases, after the other symptoms abate—inducing marasmus and hectic from the absorption of purulent matter; and we have known a dangerous hemorrhage to commence at the end of five or six weeks. This period, therefore, can only relate to the acute stage. Picking the bed-clothes, and a low muttering delirium, are not signs of such great and immediate danger as in other fevers. Extreme irritability, peevishness, termed by nurses *crossness*, and from which they infer recovery, will not be found to apply thus favorably in canker rash. It is a part of the disease, as a delusive hope of recovery is of consumption.

When the brain affection is not complicated with hydrocephalus, the patient may die with no apparent suffering, with easy respiration, without tossing or distortion, and as though in a sweet sleep. A medical gentleman, who stands high in his profession, informed me that out of *two hundred cases* he had lost *twelve*, and that all his fatal cases were with an affection of the brain. A mahogany color of the whole surface, or of the abdomen only, indicates imminent danger.

Relapses are more frequent, as well as more dangerous, in this than in any other disease. Sudden death sometimes occurs after the sick have so far recovered as to walk about, and even to go out. Such instances, however, are not very common, and mostly happen in adults, who are far less liable to the disease than children. Apoplexy may be

the cause. The acrimony of the fluids renders the bloodvessels very tender, so that extravasation may easily take place on the brain, and thus produce it. This consideration should render convalescents cautious of much exercise, until health is restored. We heard of a man who died in his garden. Attacks, sometimes apparently very serious, with a pulse of 120 in a minute, may end favorably and speedily in health. Such is the various and eccentric nature of the disease; so that much caution is requisite in promulgating a prognosis either of a severe disease, of danger, or of recovery. This exercise of caution should be *particular* as well as *general*—thus, although puking is a common symptom at the onset, yet it is absent in mild and in unusually severe attacks. As it is the mark of an attempt of the stomach—the centre of the system—to throw off the prostrating causes of the disease, in mild cases the vital energies are not sufficiently aroused to produce it, whilst in cases of the utmost severity they are sunk below reaction. As the abdominal muscles contribute almost entirely to the action of vomiting, these we have known, seemingly, struck with sphacelus at the first seizure. Hence the absence of the common symptom of vomiting in such malignant cases. In proof of these views, the experienced practitioner will recollect that when there is vomiting, there is often nothing apparently offensive in the contents of the stomach, either as to quality or quantity. It is a symptom of systematic, and not of local disorder.

Canker and partial sphacelus are wont to produce extensive sloughing and purulent discharges. Hence hectic; puking, when the discharge is swallowed, and emaciation—all in the protracted stages of illness, and none of which can be certainly foreseen in its early stages. In this connection we may again mention hemorrhage.

The black alvine discharges, as well as claret color, which begins in the living body about the abdomen, as putrefaction does in the dead body, show the putrid tendency of canker rash. And the eye must be fixed on these phenomena in the prognosis and in the treatment.

Dropsy succeeding canker rash is not usually dangerous, unless it be dropsy of the head. When the stools are natural, and properly tinged with bile of normal quantity and color, the ground of a favorable prognosis is well established. When the efflorescence is excessive, so as to completely cover every pin point of the surface, accompanied with general intumescence, the prognosis is unfavorable. Such a case we have seen the present season.

The canker sometimes produces extensive mischief in the cellular substance, which it destroys, leaving the skin and muscles detached from each other. In one case which I saw the present season, the cavity thus formed held a syringe full of injection. A hole was eaten, or sphacelated, quite through the skin, which would admit the end of the finger. This orifice and sloughing were not exactly over the glands, but higher up on the neck, in the region of the left ear; whilst another hole, through or between the muscles, appeared to extend into the internal cavity, and the matter there formed to pass through the Eustachian tube into the mouth, thence into the stomach, and thus to cause frequent turns of puking. The glands of the right side were in a state

of suppuration, and matter occasionally issuing, externally, from both ears. This was the state of the patient, a girl of five years old, when I was called twenty miles to a consultation on her case. Although she was said to have been a healthy, plump child, her emaciation was extreme. She talked much, but from the erosion of the parts, it was extremely difficult to understand a word she said. She had been bled from the arm about five weeks before; but the orifice never had healed, the cellular substance around it was destroyed, leaving the skin and flesh, in the bend of the arm, detached from each other, and purulent matter was issuing from the puncture. Her pulse was quick, she was hectic from absorption, and a portentous flush visited her cheeks.

Scarlatina does not uniformly follow the laws of other epidemics, which are most severe in the first cases. It, on the contrary, sometimes appears to increase in malignity as it progresses.

One sequel of the disorder is a stiffness of the muscles about the joints. A boy, after the subsidence of the acute stage, could not walk, from a stiffness of his knees, nor look at the sun, from a stiffness of his neck. In this case, the matter which in others discharges itself by suppuration, fell on the joints, causing immobility. He was in this state when I first saw him, another of the profession having previously attended. A course of iodine restored the use of his lower limbs, aided by blisters and diuretics, speedily. But it was long before his neck was cured. The cure, however, in the end, was complete. Iodine was used externally in ointment, and internally in tincture.

It is probable that black feces and brain affections are more common in some seasons and localities than in others, they not having been particularly noticed by writers in general, nor formerly frequently seen by myself. But in my late practice I have been particularly impressed with these morbid phenomena. It is not very common for black feces to pass off spontaneously. I was once called to a gentleman, who sent for me for this cause alone. But he had no indisposition. A case of black diarrhœa, in a child, happened the present season, and appeared to cure the approaching canker rash in its incipient stage. Blisters sometimes put on very alarming appearances, being visited by canker, turning black, and threatening mortification. I have noticed in them, also, that phenomenon which we sometimes observe in very bad cases of anthrax, the pores appearing as though they were stuffed with *suet*. It denotes a very unfavorable state of the solids.

Canker rash is one of the most stationary, as well as the most eccentric, of all epidemics. It is said to have prevailed in New York for 20 years, viz., from 1780 to 1800. It is now nine years since I saw it in Brooklyn. It was then, also, prevalent in New York, and in both these cities has been, I believe, uninterruptedly present ever since.

Fever seems to be that part of the disease, which it, in none of its forms, can exist without. Its intensity varies with the degree of affection of the skin, the mouth, the tonsils, the glands of the neck, and the alimentary canal. Its seat appears more particularly to be in and about the ganglionic nerves, which concentrate in the precordia and epigastrium. Here is its primary location. Hence nausea and vomiting.

The intimate connection existing betwixt the alvine canal and the skin is next shown by eruption. This connection is further evinced by the decline of the canker, the diminution of the swelled tonsils, glands of the neck, and efflorescence, with the fever. But a sudden retrocession of the eruption may increase the fever, and requires remedies to reproduce it, or the patient may be lost. It denotes an alarming state of general debility—a loss of energy in the solids, as also a dissolution of the crasis of the blood. A gentleman, formerly a near neighbor, informed me that the disease was once in his family. A little daughter had it, with a swelling of considerable size on one side of her neck. She was attended by a physician who never had much reputation. He lanced this swelling, as the father supposed, prematurely; it bled, and the hemorrhage never could be stopped. The child bled to death. I was lately informed of a case in which the patient was bled from the arm. The orifice showed no disposition to heal, but formed a sinous suppurating ulcer, running along the hollow of the vein. Although bleeding and blisters cannot be entirely dispensed with in all cases, we have facts enough now before us to teach us apprehension and caution in their use.

Eruptive fevers, according to John Hunter, prove the medical attempts of nature to rid itself of morbid matters, as does sweating. It is a popular opinion that there is a concealed rash when the sick do not break out. This idea, if erroneous, is generally void of harm. Saffron tea is used by families to throw out the eruption, which does no hurt; it does not interfere with more appropriate remedies. A secondary eruption, sparse, and resembling chickenpox, only that the pock is larger, sometimes occurs, as does a slight secondary fever. These do not appear until the specific disease has ceased, or is fast declining. I think that I have noticed chilly fits more frequently in the course of the disease, than at its first commencement, at which time they are seldom mentioned.

(To be continued.)

SARATOGA WATERS.—NO. III.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In my last communication I attempted to show that the saline springs of this place are not only aperient, diuretic and deobstruent, but *tonic*. From an extended and careful examination of the treatment adopted at the various watering places in Europe and our country, I have not met with one spring, except such as are simply sulphureous, that does not prove injurious to invalids laboring under inflammation or plethora. As this is a point of great consequence to those gentlemen who are sending their “forlorn cases” to these fountains, allow me to be somewhat more explicit on this topic.

Before my settling here, I had been many years prescribing Congress water in bottles to my patients, as a pleasant aperient, deobstruent and diuretic. Its bracing effects I never suspected. In conversation with a professional brother in Hartford, just before leaving, who has a wide and respectable practice, and who is daily prescribing Congress water, he

seemed almost to have forgotten whether there was any iron in the article or not. And there can be no doubt there are many physicians in our country who are in the practice of directing this excellent and efficient remedy without remembering, and perhaps without having seen, its analysis, or suspecting its bracing qualities. But, were these gentlemen posted here and obliged to watch the daily effects of this beverage, when taken liberally from the fountains, on the pulse, color, tone, and movements of the system; and to witness the unequivocal aggravation of local, inflammatory affections when not counteracted by appropriate remedies, they would appreciate the anxiety felt by the writer of these remarks that the profession, generally, should understand the exact state of the case, and give their patients the proper directions and preparation when leaving their homes for Saratoga Springs.

Do not understand me to say that all need depletion before they come, or while here. Far from it. There are very many who come with soft, slow pulse, pale countenance, and freedom from inflammatory tendencies, whom the saline springs exactly suit without any previous or accompanying medication. Crowds of such come and go annually, rejoicing in their visit to these fountains. There are others, too, of so cold and torpid a habit that they need warming and acrid remedies as auxiliaries to the water; and there are some with such exquisitely irritable nerves as to require—not depletory measures—but anodynes, such as a pill every 4 hours of extract of hyosciamus, carbonate of ammonia and camphor. I have been pleased to see how visitants of this character, whose bowels had been thrown into great pain and distension by a few tumblers taken in the morning, could be made to bear full and effectual doses of the water by the addition of such a sedative as the one above mentioned. Such patients, when accommodated with the proper, qualifying agents, receive the legitimate benefit of the waters like those who need remedies of an opposite character, or who need nothing at all.

But where one needs stimulants and anodynes, many need a depletory course to enable them to reap the full benefit of the remedy obtained here. For, just consider the wide difference between a patient who brings a calm circulation, soft pulse, pale tongue and lips, and exemption from local obstructions, and one who is florid, full, hot, with white fur on the tongue, hard, wirey pulse, and all those symptoms founded on a sanguine temperament and sub-acute or chronic local inflammation. Cases of *apoplexy* were sent here last season, with full, hard pulse, florid complexion and numbness of the limbs, to partake of these invigorating waters. Yet there were some such invalids who reaped the usual benefit from the waters, by being put upon a simultaneous course of depletion. Without this they would have gone home injured; with it, they decidedly convalesced. *Palsy* generally required similar medication. *Chronic disease of the liver* was frequently aggravated by the water, till reducing measures were combined, when recovery proved to be as easy as in other cases. And there were a number of cases of disease in the *respiratory apparatus*, where the waters operated admirably when accompanied with antiphlogistic remedies. I do not entertain a doubt that there are many diseases of the lungs, par-

ticularly such as are sympathetic, that would receive decided benefit from these waters, provided the pulse be kept soft, and the system *below* the healthy standard of action.

An unexpected proportion of *secondary syphilis* and *gonorrhœa* came with entonic symptoms, and could not bear the use of the mineral water till properly prepared. *Local pains and tenderness in the abdomen* often needed the same qualifications by medicine. The same was true of many *female complaints*. But I observed no set of invalids so often injured by their resort to these fountains as the *rheumatic*. This remark may appear strange to the physicians most acquainted with the Saratoga waters, and who have known how many of this class go away in a rapid progress to health. But it is nevertheless true that no small number of this numerous class, by drinking and bathing, without proper reduction, do retire positively injured. And there is no enigma in the case. One rheumatic invalid has long been afflicted till all inflammatory tendencies are worn out. His joints are stiff, and he feels the regular augmentation of his troubles from a cold, north-east storm. But he is thin, pale, feeble, and his pulse is uniformly soft and slow. Indeed, before coming here he has been proved to bear stimulants without any disturbance of the arterial system. Such cases, whether chronic rheumatism, sciatica, or lumbago, will find most decided relief from drinking and bathing. But if the disease be recent, accompanied with heat, swelling and pain of joints, aggravated by warm applications and motion, a white tongue and hard pulse, the most direct and positive injury must result from the potations and hot bathing, unless the system be brought *below* the grade of inordinate action. This is not true of Congress water only, but applies to compound tincture of guaiac. and all stimulating, anti-rheumatic remedies. Did the patience of your readers permit, I could insert many authorities on hand from watering places and bathing establishments to confirm the accuracy of my own observations.

But I must close. I have said enough to awaken the attention of my medical brethren; and I beg they will have the goodness to furnish their patients who resort hither, not only with the proper directions, but the proper preparation. It is a matter of plain common sense that there is no *efficient* medicine that is not liable to do hurt as well as good. May I not hope, then, that a more considerate attention to the *true nature* of these natural remedies, on the part of the faculty, may be instrumental in more widely diffusing relief from pain and suffering, and enhancing the beneficial agency of these valuable fountains?

Respectfully, yours,

Saratoga Springs, April 14, 1839.

M. L. NORTH.

[The 4th and last No. next week.]

THEA VIRIDIS IN BURNS AND SCALDS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Thinking that, perhaps, not all of your numerous readers are acquainted with the efficacy of green tea in the cure of burns and

scalds, I present you with this short paper on the subject, and you are at liberty to lay it on or under the table, at your pleasure—although I should like to have the remedy generally known, if it is not already.

It is about three years since I first applied this article in these cases; but in this short time I have had repeated opportunities of testing its virtues. The first case in which I employed it was that of a child, three years old, whose clothes were literally burnt off from it. It was cured by this article alone, and notwithstanding large portions of not only integument but muscle also, sloughed out, the cavities were soon filled with healthy granulations, and the cicatrices formed a smooth surface. Since that time I have treated other cases, of more or less severity, in the same manner, and with similar success. Treated in this way the inflammation soon subsides, and the healing process is astonishingly rapid. It is always necessary to keep the bowels sufficiently open with some cooling laxative, as crem. tart., or sulph. magnes.

Any of the green teas may be used. It is to be moistened with warm water to render it soft, and applied in the form of a cataplasm. Perhaps it may be more conveniently employed by forming it into a cataplasm with Indian meal. When the burn or scald is in a situation that renders this form impracticable, the injured parts may be kept constantly moistened with a very strong infusion. I should suppose the extract would be an elegant form in which it might be employed.

Respectfully, yours,

Unionville, Mass., April 16, 1839.

E. G. WHEELER.

NEW METHOD OF FILLING DECAYED TEETH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following account should be deemed likely to afford a hint to any of your readers, professional or non-professional, you are at liberty to insert it in your Journal.

I am acquainted with a lady, about the age of 35, whose decayed teeth are *filled with pine*; and it answers a very good purpose. The following is her story, as I had it from her own lips—and she is a person of the most undoubted veracity.

About four years ago, having heard of the process of filling teeth with gold, and the objects it was intended to accomplish, and having several which were rapidly wasting away, the thought struck her that she would try a process which was less expensive. Her first step was to ascertain the exact shape and size of some of the decayed places in her teeth; which she did by filling them first with soft bread or dough, and then carefully removing it. When this had been done, she cut out small pieces of pine wood of the same size and shape with the dough, and pressed them into the cavities. By imbibing moisture, the pieces of wood, of course, became enlarged, and remained in their place, and the decay ceased.

I examined her teeth about a month since, and found the pine as firmly fixed in their cavities as if it had been inserted but the day be-

fore, and answering every purpose, for the time, so far as I know, of pure gold. Indeed, I have had several teeth filled, in the usual manner, by dentists who sustained a very high reputation ; but I never have had a particle of the *filling* in my mouth after the lapse of four years, or even of three.

Dentists have long made use of wood, I believe, in *inserting* teeth, but the lady whom I have mentioned was wholly ignorant of the fact. The experiment was her own, purely ; suggested by that necessity which has so often and so appropriately been styled the "mother of invention." Indeed, I am not aware that wooden plugs have ever been used, even by dentists, in the work of *filling* teeth.

Yours, &c.

Boston, April 9, 1839.

W. A. A.

ORTHOPEDIC INSTITUTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I wish to improve a small portion of your Journal, to invite the attention of the profession to the valuable institution above named, under the care of Dr. Brown, in our city, by the publication of a letter recently received from the father of one of those unfortunates, the objects of his sympathy and skill. I have had the pleasure of witnessing several cases of spinal distortion, hitherto regarded as hopeless, materially benefited at this institution, and the appalling deformity of club feet completely removed by a simple yet skilful operation, to which I feel bound to allude. Still, however, I will merely ask you to give publicity to the following brief communication, which I think will not only fix the attention of the profession upon the high claims of the conductor of this recent institution, but may be blessed to many sufferers who have yielded themselves to a hopeless abandonment of recovery.

Boston, April 8, 1839.

Respectfully, &c.

E. W. LEACH.

Conway, N. H., April 4, 1839.

DEAR SIR,—You will recollect that I called on you a few weeks since, with my daughter, who was suffering under a complaint of the spine. You recommended me to the orthopedic institution of your city. I called on Dr. Jackson, who advised me to Dr. Brown, as the only prospect of relieving my daughter's sufferings. Not having an opportunity to see you, as I should have desired, I feel bound to address you to express my gratitude for your recommending me to this institution—and also to acquaint you with my entire satisfaction with the manner in which it is conducted. After a careful examination of the case of my daughter, Dr. B. advised me to remain a short time in Boston with her, which I did. We passed three weeks only in the city, and she is now three inches taller than when I placed her under his care. The day before we left Boston, she walked to the Navy Yard in Charlestown, and returned, with but comparatively little fatigue. I know not in what terms to express my gratitude for the benefit which has already been conferred, in a case which we considered hopeless, and for nine years

has been growing worse and worse—and this in the brief period of three weeks. Had I time I should like to speak of the different cases of spinal affections which I saw treated; but I ask you to examine for yourself and for the afflicted who may apply to you for counsel. This institution is doing much good, and I feel that no individual testimony in its favor should be withheld. Grateful for the interest you manifested in my daughter's welfare, and that your advice has been blessed to her great relief,

I am your obedient servant,

To *E. W. Leach, M.D.*

B. H.

PHYSIOLOGICAL PHENOMENON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I read in the present volume of your Journal, No. 6, the very interesting account of the "snake man" (R. H. Copeland), whose deformities and physical peculiarities are said to be "owing to a fright his mother received from a rattle snake attempting to bite her about the sixth month of pregnancy." Now if the account alluded to be true (and I confess I am credulous enough to believe it may be), it seems to prove the possibility, at least, that the imagination of the mother may exert an influence upon her fœtus in utero.

My first introduction to this subject, was with the anatomical and physiological reasoning of Dr. Dewees, which cried "delusion," and at the cheap rate of one half hour's reading, I felt myself amply qualified to echo "delusion." I accepted his theory, accompanied by such force and pathos of reasoning, with acclamation; "I should have been ashamed to do otherwise."

Now I am at a loss to make the facts of the case alluded to (if they be true), and of the one I am about to relate, which I know to be true, harmonize with what I had thought to be a "delusion."

Mrs. B., then of this town, now living in the adjoining town of T., while pregnant (I do not know at what month), received intelligence of the death of her brother, who died in the town of N. D. (15 or 20 miles distant), who was instantly killed in a mill, by the falling of a stick of timber, which struck him upon the back part of the head and shoulders, crushing in the whole posterior part of the head. Thus the messenger described the bloody wound to Mrs. B. who, I am informed, did not subsequently see her deceased brother.

When confined, Mrs. B. was attended by the late and much lamented Dr. L., a highly respectable practitioner of this place, who delivered her of a stillborn child nearly or quite of ordinary size, features and limbs well developed, body straight and well formed; but it had one deformity—the occiput seemed crushed in, and to present a flat surface, as far as the vertex above, and laterally nearly as far as the ears. The head is drawn back, and rests down upon the shoulders; the whole back part of the head, and integuments of the spine, down to near the union of the last lumbar vertebra and sacrum, presents the appearance of one continuous clot of blood, gradually diminishing in thickness and

width from above, to its termination, which is abrupt, and succeeded, apparently, by perfectly healthy and natural skin. Finally, the impression received and inference drawn by any one who sees the foetus, would be, that it had received a very severe blow upon the back of the head, sufficient to crush in the whole occiput, and injure the integuments of the spine; and as the blood issued from the head, and ran down the back, it coagulated in its course.

The above brief description (which has been elicited at this time, by the account of the "snake man"), is the appearance of the foetus through the glass which contains it. But I propose, at some future period, to ascertain and report the true anatomical appearance of the head and back, and likewise every possible particular of interest, from the mother of the foetus; believing it to be a rare specimen of curiosity for the physiologist.

J. F. HALL.

Wolborough, N. H., April 15, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 1, 1839.

LEAD FOR FILLING TEETH.

A CORRESPONDENT in this day's Journal cites the value of wood, as a substitute for gold, in plugging carious teeth. However successful the experiment may have been in a single case, we apprehend that a serious objection would arise against an extensive and indiscriminate use of wood, on account of its imbibing the saliva, and ultimately becoming exceedingly offensive. We have been assured that lead is fully equal to gold, for filling diseased teeth, and by some thought even superior, on account of its perfect inelasticity. A lady, the wife of a physician about twenty miles from this city, had one or two teeth filled with lead, some eighteen years ago, which completely restored these organs to usefulness, and has preserved them to this time. Every pressure of an opposing tooth gives the filling more compactness, and the general effect of years is to drive the lead, if placed on the top of the tooth, into every part of the cavity. No bad effects on the health are said to be produced by it: indeed, the quantity is so small, that the billionth part of a grain could never be in solution at once. Lastly, economical considerations should and will have some considerable influence on those who are so unfortunate as to require this slight, though important operation. One of the principal apologies of the dentist for the expense of filling teeth, is the cost of the gold. Now if lead can be safely and savingly substituted, it will enable many to avail themselves of the advantages of the dental art, who are now too proud to acknowledge that they are kept from the manipulations of the dentist, solely on account of the apparent extravagance of his charges.

Singular Loss of Muscular Power.—A man has been walking the streets of Boston, lately, from the eastward, who has suffered such a perfect loss of contractile power in the posterior muscles of the neck, that he is wholly unable to hold up his head. Such is the sensation of weight,

and so inconvenient is it to have it dangling, as it were, on the breast, wholly interfering with the use of the eyes or mouth, that a somewhat complicated machine has been invented expressly to remedy the case. An iron rod runs down the line of the spine, supported by straps from the hips upwards, encircling the body. Upon the top of the rod a broad band embraces the forehead, and thus the organs of vision are kept on a horizontal line—and thus the poor fellow threads his way over the city, hooped up almost like a cask.—How admirable, simple and symmetrical is the apparatus nature employs—snugly packed away on the back of the neck, which maintains the head in an upright condition far more perfectly than the clumsy contrivances of man, when his ingenuity has been taxed to its utmost.

New Medical Hall.—By the munificent appropriation of the City of Lexington, Ky., alluded to the other day, a splendid medical hall is to be forthwith erected for the exclusive use of the medical school. Also, without delay, an infirmary is to be raised, in which the clinical lectures will be delivered in future, and the operations of surgery performed, in presence of the class.

On the 11th of March the University of Transylvania conferred the degree of Doctor of Medicine on fifty-one graduates. Dr. J. Weisiger, of Danville, Ky.; Dr. Erasmus D. Pickett, of Maysville, Ky.; and Dr. Wm. R. Letcher, of Richmond, Virg., had conferred upon them the honorary degree of Doctor in Medicine.

Calomel and Rhubarb.—A correspondent in Connecticut wishes some one to solve the problem—"Why calomel and rhubarb, on being mixed, in a few weeks form a vermilion-colored compound." If such is the fact, it would be gratifying to ascertain whether the medicinal character of the two articles is entirely changed, so that the effect on the system would be different from what it would had the compound been given immediately after being mixed. Attention to this is respectfully solicited by those who are constantly dispensing their own medicines at the bed-side of the patient.

New Medical Appointment.—Applications will be received by the Mayor and Aldermen of Boston, till the 1st of June, from medical gentlemen desirous of obtaining the appointment of physician to the city's institutions at South Boston. The salary is fixed at \$1200, together with house-rent and board—which makes it one of the most desirable medical-office situations in New England.

Dr. Miner's Address.—To our great gratification, a second edition of the excellent address of Dr. Miner has been published. It evidences a healthful condition of the public taste, when sound common sense finds a ready market.

Medical Society of Hartford.—The Hartford County Medical Meeting was held in the City of Hartford, Conn., on Thursday, the 11th day of April, 1839.

Dr. William S. Pierson, of Windsor, was chosen chairman, and Dr. G. O. Sumner, of Hartford, clerk, for the ensuing year.

Dr. Holt, of S. Glastenbury, one of the dissertators for the occasion, read a dissertation upon tetanus. Remarks on the disease, comprising its pathology and treatment, were made by several gentlemen present.

Medical facts and observations were solicited of the members present.

Messrs. J. D. Wilcox, of Granby, and S. B. Beresford, of Hartford, were appointed to read dissertations at the next annual meeting.

The following gentlemen were chosen fellows to represent this County, in the State Medical Convention to be held in Hartford in May next, viz., Horatio Gridley, M.D., Amariah Brigham, M.D., Chauncey Brown, M.D., Augustus R. Case, M.D., Pardon Brownell, M.D.

The following resolution was then passed :

Resolved, That it be recommended to the members of this county meeting to carry into effect the 5th resolution of the convention of 1838, and to make their returns for this year to the fellows of this county, previous to the meeting of the convention in May next.

Poisons.—*SIR*,—A writer in your April No., under the signature of A., quotes from Dr. Peirson that "a man may take poison and not be poisoned," and wishes some one to relieve his mind by proving it. I would simply ask A. if he is a medical man? If he is, whether he supposes arsenic to be poison? If yea, whether he ever prescribed Fowler's solution for the cure of intermittent fever, or for any other disease? And if he ever did, whether he supposes he poisoned his patient? B.

Another correspondent writes—Although A. says, on page 109, that all analogy is against the assertion that minute portions of poison can be taken into the stomach without injury, it appears to me that he has himself, on the same page, furnished a case which, by analogy, may be made to support it. It is well known, A. remarks, that a man may hold poison a short time in his hand, and not be poisoned; and I presume he will not deny that by increasing the strength of that poison, if of a kind that can be sufficiently concentrated, or holding it a longer time, the individual *will* be poisoned by the experiment. Now if the weaker portion is inert, and the stronger injurious, when applied to one part of the system, my ideas of analogy teach me that the same would be the result in any other part—the strength of the article being varied, of course, according to the vitality of the part to which it is applied.

Chinese Physiology.—The Chinese know nothing of the circulation, and therefore the practice of physic is meagre and inadequate to contingencies. They believe that the human body is composed of five elements, viz., water, fire, wood, metal and earth. So long as an equilibrium between these is maintained, people enjoy good health; but as soon as one of them predominates, sickness ensues. All diseases arise from disturbing the equilibrium of these constituent parts, and the art of healing consists in restoring their mutual relations. They know nothing of chemistry, and their medicines are all vegetables—*ginseng* being the sovereign remedy for everything.—The shipment of this root from Boston, formerly, collected on the hills of Vermont and New Hampshire, laid the foundation of some large fortunes in New England.

Preservation of Bodies for Dissection.—M. Gannal has recently published a pamphlet on the embalming of bodies and the preparation of spe-

cimens of natural history and morbid anatomy. As M. Gannal has obtained a patent for his method of embalming, we shall say nothing on this part of his work; he has, however, freely communicated the results of his experiments on preservative fluids for the purposes of dissection, of preparation of animals, &c.

After numerous trials with the salts of alum, and various other substances, M. Gannal has elected the sulphate of alumina as being at once the most efficacious and the cheapest material which can be employed. Two pounds of the sulphate of alumina dissolved in a quart of water, are sufficient to preserve a dead body in a state of freshness for at least three months. If the weather be very hot it will be necessary to employ the fluid in a greater degree of concentration. The solution of alum is simply injected into the vessels of the subject, and the cost of preservation does not exceed ten pence for each body.—*London Lancet*.

Medical Miscellany.—Out of 490 paupers supported last year by the city of Portland, 466 had been, or were, intemperate.—Dr. Collyer has been prevented from lecturing on phrenology in one of the churches at New Orleans, because the members considered that the science tended to materialism.—A copy of the Druggist's General Advertiser has been sent us from New York, wholly devoted to puffing patent medicines and nostrums, with a notice (indicated by the marks of a pen), that if we will copy certain advertisements once a week, for twelve months, and send one number to the agents, we shall be entitled to one dozen of each of the articles!—Thomson, the great originator of the medical humbug, has been mulcted, in this city, for a libel against Dr. Badger.—Dr. Hull's abdominal supporter, highly approved of by Sir Astley Cooper, Sir Benjamin Brodie, Drs. Clark, Blundell, &c., is selling at an encouraging rate in England.—Dr. Evory Kennedy, of the Dublin Lying-in Hospital, delivers four courses of lectures annually, commencing the 2d Monday in February, May, August and November.—Magendie's 21st lecture on the blood and the changes which it undergoes during disease, is one of his happiest efforts.—Thos. H. Burgess, M.D., has written a treatise on the physiology and mechanism of blushing.—Researches in embryology, by Dr. Martin Barry, has been published in England.—Smallpox is again on the increase in England, says the Foreign Journal of Medicine.—There were 35 deaths by consumption, in New York, last week.—A man by the name of Hallenbuke caused the death of a child at Albany, by giving it nearly a pint of brandy at once.—Marriage, physiologically discussed, from the French of M. Dubois, translated by Wm. Greenfield, is abroad—and a miserable catchpenny it is.—A very famous quack has appeared in the neighborhood of London, who calls himself Baron Spolasco—pretending to cure every disease with *two pills and one powder*. A jury of inquest have brought in a verdict of manslaughter against him, for causing the death of Susannah Thomas.—A benevolent medical society was instituted in England, in 1816, for the purpose of affording relief to such of its members, as through mental or bodily infirmity, or other causes, are in distressed circumstances, and require pecuniary assistance. It is a noble charity, and one precisely like it should be established here.—So fully are the people satisfied that coroners should be medical men, that it is presumed all future appointments in England will be of the profession. Why should it not be so here?—Dr. S. Rapolje has been appointed to the Naval Hospital, New York; Dr. W. Johnson, of the U. S. N., to the Navy Yard of the same station.

✎ Those of our subscribers whose bills were enclosed in late Nos. of the Journal, are informed that they will much oblige the publisher by forwarding the amounts due. The rates of exchange are so much improved, that there is no longer any serious difficulty on the score of uncurrent money. Remittances may be made, by mail, to the publisher or to either of the following agents.

List of Agents for the Boston Medical and Surgical Journal.—Mr. E. F. Duren, bookseller, Bangor, Maine; Luke Howe, Esq. P. M. Jaffrey, N. H., Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr., Providence. R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. Thomas R. Hampton, Washington, D. C.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; L. E. Van Buskirk, M.D. Halifax, Nova Scotia.

Erratum.—In last week's number, page 171, line 21, for *quality* read *quantity*.

DIED.—In this city, J. A. Brereton, M.D., of the U. S. Army, 52.

Whole number of deaths in Boston for the week ending April 27, 35. Males, 16—females, 19.

Of consumption, 7—scarlet fever, 6—lung fever, 2—old age, 1—decline, 2—abscess, 1—dropsy on the brain, 1—brain fever, 1—burn, 2—marasmus, 1—croup, 3—dropsy in the head, 1—sudden, 1—cancer rash, 1—dropsy, 1—disease of the heart, 1—white swelling, 1—stillborn, 3.

OUTLINES OF THE INSTITUTES OF MEDICINE,

FOUNDED ON the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 676.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his impressions, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"New York, 1833."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston.

M 20.

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply

WILLIAM BROWN.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lyeop

33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D. Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XX.

WEDNESDAY, MAY 8, 1839.

No. 13.

DR. COMSTOCK ON SCARLET FEVER.

[Continued from page 186.]

CONTAGION.—It is difficult to prove, and unphilosophical to consider, a fever contagious, which originates spontaneously. For if it thus invades one, why not others? Foreign writers consider scarlatina catching, because, as they say, it generally goes through a family when one is seized with it, which is here very often remarkably *not* the fact. The present season I attended a family in which the mother and her seven children had it severely. This lady observed to me that her neighbors, with the exception of one family, to the amount, as she thought, of sixty persons, visited her house, many of whom watched; and yet that she did not know the instance of a single person of them who had it, whilst, singular to be sure, it broke out in the only family who, not one of them, had been into her dwelling! Clothes and even *flies* have been pressed into the service of the contagionists. But there was not even any imputed source to be here pointed out, it having commenced, in the first family to which I have alluded, in the month of January, when flies did not fly. Some persons, and some whole families, with their relations, are constitutionally predisposed to certain diseases; and no disorder points to this predisposition more strikingly than canker rash. Hence all the children of a family may have it, whilst servants escape. Black-eyed children were supposed, by Dr. Fothergill, to be apt to be the greatest sufferers. But in this, as in other respects, there is no uniformity.

It is worthy of a passing notice, that during the reign of spotted fever, which prevailed from 1806 to 1814, we heard very little of canker rash. Dr. North, who wrote a valuable treatise on the former, mentions *sore throat* as one of its pathognomonic symptoms. Resemblances, however, are not identities. From my own experience, in both diseases, I cannot regard them as the same, although I have heard such an assertion made. In 1810 I had a great number of cases of spotted fever, and a few of scarlatina. The fever in both was typhoid, but the symptoms different. Sore throat was so slight, in spotted fever, as seldom or never to be complained of. But when inquired after, the patient answered in the affirmative. Dr. Fiske, of Worcester, traced out many points of resemblance between *scarlatina anginosa* and *spotted fever*.* His au-

* See Dr. North on Spotted Fever, Chap. XVII.

thority is against the contagiousness of either; also that bleeding and cathartics are injurious, and emetics and stimulants useful in both. He does not incline, however, to make the two maladies identical—as, in further speaking of spotted fever, he says, “While children are the most liable to scarlatina, this gigantic foe passes the helpless infant, and encounters more hardy subjects with increasing ardor, from the vigor of youth to settled manhood.” Another writer, Dr. Bestor, speaks of the stupor and apoplectic state which children sometimes fall into in spotted fever. This we have noticed already as occurring in canker rash. Dr. Samuel Woodward, who also wrote on spotted fever, mentions that the “*great heat was of the thrilling, stinging kind.*” In this the two diseases again agree. He also mentions that the eyes were red and watery—that the body, in fatal cases, became spotted as an adder—and particularly notices an affection of the joints *like acute rheumatism*, which happened during recovery. With respect to treatment, he says, “*I likewise saw several who were brought into a low comatose state by a small bleeding, which cases entirely baffled the power of medicine, and proved fatal.*” But after the relief of extreme depression, and when the system began to rally, the inflammatory diathesis sometimes succeeded, so that Dr. Woodward, in the severe painful lameness of the joints, which occurred during convalescence, found bleeding and antiphlogistics requisite. Here we are reminded again, of inflammatory croup sometimes following typhoid scarlatina.

There is no season so fraught with exciting causes as to produce disease in every one, because a great majority are constitutionally, or from some peculiarity, fitted to resist them. But when predisposition exists and atmospheric causes excite, whole families breathing the same air, partaking of the same food and drinks, and dwelling in the same house, may, from the same spontaneous causes, have the same disease, unless, indeed, there is, as often happens, a difference of constitution in the same stock, so that some are predisposed and others not. Thus, in November last, in a family in another county, to which I was called, the father and a number of children had canker rash, whilst the mother and one child escaped. This was the more worthy of remark, for the reason that the mother took the care of her husband and children, and all occupied one room. At least I so found them at each of my visits, which amounted to six or seven. We have known, on another occasion, a family of children and the father to have it, and the mother to escape. And again, we have known a family of seven sisters, and one of them to have it severely, and six of them, with the father and mother, to remain unaffected. All these persons inhabited a house consisting of one room, and one fire place only, on the ground floor, and could not be separated. Now that contagion should fly about in the air, and be carried from house to house by flies, and in the clothes of those who had visited the sick, and yet not be communicated to those who were in the habit of visiting this poor family, nor even to the inmates themselves, is to me quite unaccountable upon any principle or analogy of contagion. We may suppose, that should those seven sisters marry and have children, the children of the one who had it might be hereditarily

predisposed to the atmospheric causes which spontaneously give rise to it, and that all the children of the other six sisters might escape. Hence the strange attacks and exemptions of this most enigmatical disease. I know that it sometimes exhibits some traits pointing to a contagious origin. But they are so few, compared with the multiplicity of opposite facts, that we must resort to the illogical mode of arguing, that is, of making the *minor* weigh down the *major*, in order to maintain the ground. Every one, conversant with it, has observed how frequently it leaves affected districts, and, passing by all those who have visited sick houses, seizes others who never have visited or even passed by them. The attempted proofs adduced by Dr. Charles A. Lee, of New York, of its contagious origin, at first strike the reader with some force.* The first is, that of a grandmother who watched with and held a grandchild in her arms, which died with it. The old lady, aged 60 or upwards, returned home after the child's death, and had it herself. But here is a link missing in the chain; for we are not told that she communicated it to any person in her own house, or to any one of her attendants or watchers. Besides, she sickened the third day after holding the child, a space too short for contagion to operate. The second instance is that of three children who were sent to three different places, after a little girl in the family had been seized with it, and all three of them sickened in about a week themselves. But here again is a deficiency in making out a clear case—we not being told that either of them communicated it to a single individual of either of the families into which they were sent. And as to their having it themselves, why should they not, when they had been exposed to the same local causes which produced it in the first child, and all of the same parents? When there is conflicting and contrary evidence, we must determine by the weight and by the number of facts. The instances of exemption so immensely outnumber those of even supposed contagion, that no want of proof is lacking to make the matter clear. I think that I speak within bounds when I say that within the last six months more than one hundred persons have visited the families which I have attended, not one of whom has had it.

In the *treatment* of canker rash we must keep our eye firmly fixed upon those morbid tendencies which produce *death*. These are—1, Mortification or a tendency to putrescency; 2, Congestion of the brain, denoted by coma and stupor; and 3, The injury done by canker, such as erosion, extensive sloughing, hemorrhage, and wasting serous and purulent discharges. These may be internal, external, or both. Decisive signs of putrefaction, or a strong tendency towards it, mark those cases which prove most suddenly and numerous fatal. We have been informed that the late Dr. Easton, of Newport, R. I., kept this outlet of life so much in view, that he began by giving Peruvian bark, repeated it, and relied wholly upon its antiseptic powers—and that he never lost a patient! We have some reason to think, however, from our own experience, that scarlatina, like spotted fever, does not visit marine situations with such a high heat, and such a malignant train of symptoms, as it does the interior country—a heat too high to give bark internally, at

* See Boston Medical and Surgical Journal, Vol. XII., p. 374.

first. Immediate resort to the external application of bark to the abdomen and throat, there can be no possible objection to. The mode may be that of stupes wrung out of a strong decoction of it, or in the form of a poultice mixed with yeast, porter, good lively beer, or a solution of chloride of lime. The *wild indigo*—baptisea—which is a powerful antiseptic, may be combined with the cinchona. For fitting the stomach to receive the bark, it must be cleansed by emetics. For fitting the general system to be benefited by it, the fever, if high, must be moderated. But as early a resort to it as it can possibly be borne, is safest for the patient. And in the form of a fermenting decoction, it will be borne earlier, sit easier, and be more effectual, than in any other mode whatever. Take cort. Peru. 3ij. ; rad. serp. va., cort. aurant., rad. sanguinaria, aa 3ij. ; catechu, 3i. ; boiling water, three pints. Simmer to a quart ; strain and add honey or molasses, and good lively yeast, aa 3iv. Shake the whole well together, and bottle whilst warm. In from six to eight hours it will be fit for use. Dose, from a half to a whole wine-glassfull every four hours.

Debility is not so much to be feared as putrescency. Therefore, if the drawing off of some venous blood, in a deteriorated state, can be useful in its prevention, this evacuation may be proper ; especially as, by moderating the fever, the patient will be the sooner fitted to commence taking the bark. Before resorting to this doubtful evacuation, however, we ought to decide whether we have been called to the patient early enough for it to be of service, which in country practice is frequently not the case ; and again, whether the existing fever is caused by inflammation, or whether solely by irritation, acrimony, or an erysipelatous diathesis. That it arises from one or other, or all three of the latter, in nine cases out of ten, we firmly believe. But even if inflammation be actually present, its character is so evanescent that bloodletting cannot be safely resorted to, except at the very commencement of the attack. Nor can it be frequently repeated. Here is one point in which its most strenuous advocates agree. Hence they themselves make us hesitate as to the propriety of unsheathing the lancet—for the reason that what is calculated to *cure a disease will bear repetition* ; as bark in intermittents, mercury in syphilis, venesection in pleurisy, emetics in croup, steel in amenorrhœa, and a long catalogue of others which might be adduced. Add to this, that in all mortal epidemics nothing is more hurtful than terror and the depressing passions. Now there is nothing so horrible to children as the idea of being bled, insomuch that the sight of a physician creates terror if associated in the mind of the little patient with the lancet ; so that when there is an indication for it, if not very urgent, we must consider whether it is not liable to do more hurt than good. Anodynes and hope are the best remedies when mortal sickness prevails, and fear and anxiety the worst.

Children know more than they express, or than people generally imagine. A lady whose little daughter, aged five years, was laboring under it lately, in its dangerous form, told me that her child, of its own accord, spoke about being buried up in the ground.

Every age and every country bear their testimony in favor of cordials.

Why bloodletting should be resorted to on account of *venous congestion*, in children, which exists only in adults and the aged, is a mystery which those who have advanced it have not explained. In one treatise we are told that the patient must be bled to *fainting*; and in the same, that "fainting increases the congestion of the large vessels, and consequently increases the danger of the disease." If in any case we are tempted to bleed from difficult respiration, let us first consider whether it may not proceed from the debility being so great that inspiration cannot be easily performed, rather than from infarction of the lungs.

Every remedy which can counteract the tendency to putrescency must be used. Calomel is one of these. By its stimulating every fibre, exciting every gland, and producing a counteraction opposed to putrescency, in every viscus, its effects become antiseptic.

Gentle emetics and cathartics are borne, and well borne, so long as they evacuate morbid matters from the stomach and bowels. I have never known the latter to produce debility whilst the evacuations continued black. But when they change from a black or bottle-green hue to a lighter shade, they must be discontinued, and the bowels and system quieted with an anodyne.

If a salivation can be effected, the patient is safe. But in children this cannot often be achieved. It did, however, occur in one of my little patients the present season, and probably saved its life. When a sufficient quantity of bark can be taken to prove purgative, it is by all means the safest cathartic. But if we are obliged to resort to calomel, or senna, or sulphur, or cream of tartar, let each one of them be combined with cinchona.

The views of Broussais never will be confirmed by anatomists, nor his practice by a majority of practising physicians. Already has M. Andral published to the world the innumerable fatal consequences which resulted, in his own practice, from his complying with the urgent wishes of students, and bleeding in typhoid fever. This was when Broussais was the leading man in the schools of Paris. Most of those unhappy young, as we are told, sank and died. M. Andral is equally decided against bleeding in erysipelas—those thus treated having *gradually sunk and died*. We believe it equally hazardous when used largely, or repeatedly, in scarlatina and its congeries. But if it is determined on, the temporal artery should by all means be preferred to any vein. The reasons are—1, That the punctured vein sometimes suppurates and cannot be made to heal. 2, That the temporal artery has a direct and intimate communication with the artery of the tonsils, parotids, the jaws, the face, the ear, the muscles of the tympanum, and inosculates with the ophthalmic artery. 3, As it is a branch of the carotid artery, blood drawn from it is best calculated to relieve congestion of the brain, which causes coma, stupor and febrile apoplexy. Indeed, it may be considered in the light of local bloodletting from all the parts most intimately affected.

But, as a general rule, copious and repeated venous bloodletting ought to be viewed with suspicion in all diseases of the throat whatever. The blood, in such cases, will continue to exhibit the inflammatory crust until the patient is sunk past recovery. I have long viewed General Wash-

ington as having fallen a martyr to this practice. We have known the blood drawn from the arm exhibit the full buffy appearance in scarlatina, and yet the person from whom it was drawn be dead in less than twelve hours, with the most decided marks of extensive mortification on the dead body. That the innumerable number of victims mentioned by M. Andral, is daily added to by following the doctrines of the visionary pathological anatomist, Broussais, we have no doubt.* And that he mistook the engorgement of tissues and mucous membranes, occasioned by the weakness of their fibres, in some instances, and from the dissolved and semi-putrid state of the blood in others, for the marks of active inflammation, we are so fully convinced as not to have the least doubt.

But that arteriotomy has occasionally saved a life in the comatose state of scarlet fever, we admit. A judicious physician, Dr. Skinner, of Willington, lately gave me a striking instance to this effect. His little patient appeared to be completely apoplectic, and with no sings of existence except breathing; all voluntary motion, even to the moving of its hands, was at an end. In this situation it was seen by himself and another physician, one of the most eminent in the State, who thought it must inevitably die. As deglutition was suspended, nothing was done, and it was left by its physicians. Dr. S., however, called again not long afterwards, and finding it still alive, opened one temporal artery, and whilst the blood was flowing, though but very slowly, the little creature moved the arm of that side. This encouraged him to open the artery in the other temple, as the first had nearly ceased to bleed. This bled more freely. The child moved its other arm, to which general voluntary motion succeeded. The patient was saved, recovered, and is now, the doctor thinks, one of the finest little misses to be seen in any school in the State.

When the brain is affected, the cold dash should be confined to the head; for if applied to the skin generally, there is danger of increasing the congestion on the brain by revulsion. If the skin at the same time be hot, tepid sponging, with spirits which evaporate quickly, may be proper to the trunk and limbs. As to the kind of liquid generally used, as we should never lose sight of the putrid nature of the disease, a strong decoction of bark and wild indigo, or a solution of chloride of lime, is to be preferred for their antiseptic qualities. When there is no affection of the brain, they must be applied cold by sponging. An emetic will sometimes cure incipient stupor and coma, if administered early. Of this I had a very recent proof in a child six miles distant, to whom I was called in the night.

When there is torpor of the liver and diminished secretion of bile, take nitric acid one part, muriatic acid two parts, dilute them to the acidity of strong vinegar, with which the hepatic region may be kept constantly moistened. The nitro-muriatic acid thus diluted, sweetened with honey, furnishes one of the very best of all gargles. If there is any exception, it is that of the fermenting decoction of bark, bloodroot, &c., before mentioned. They may be used alternately.

We have already noticed, that in affections of the brain, cold ablution,

* See Boston Medical and Surgical Journal, Vol. XVII., p. 143.

or sponging the trunk and limbs, is improper. There is one other state of the system in which it is by no means to be used. It is when the patient perspires freely, or sweats. And there is yet a third. It is when the eruption recedes; in which state external warmth, by means of a blanket wrung out of warm water, with Dover's powders internally, and warm sage tea freely drank, are our best remedies. But to keep on good terms with the good women, we must not prohibit a tea made of saffron, this being a popular and not improper remedy in cases of the kind. Indeed, to the case of *convulsions* in infants, from retrocession or non-appearance of the eruption, its slight antispasmodic and cardiac qualities are well adapted. But when convulsions occur without any evident cause, teething or worms are to be suspected, and remedial measures pursued accordingly. As a general remedy, one grain of the powdered leaves of belladonna may be mixed with sixteen grains of powdered liquorice, and divided into eight equal parts, of which one is a dose for an infant in convulsions.

Belladonna has acquired considerable reputation in Germany as a preventive of scarlatina, in the Hahnemann doses—one grain being divided into 771 parts, after being mixed with extract of liquorice, and this is the dose for an adult, night and morning, to prevent scarlet fever! Surely the quantity need not be varied for the youngest infant, unless by increasing it. The theory of Hahnemann, which led to its first introduction, was the most rational, however, of anything that we have ever heard of the man. It was that, as the symptoms of an over-dose of belladonna, upon the nervous system, strongly resembled those of scarlatina, the latter might be superseded by the former. Just as vaccination supersedes smallpox. Whilst two poisons wrestle, we may live, said Ben Johnson. Sulphur may be taken as a more probable prophylactic.

For those little eroding ulcers, called canker-sores, a mixture of two grains of finely powdered nitrate of silver, with an ounce of honey, has been used. A small bolus of this, of the size of a pea, may be put upon the tongue of small children. Other appropriate remedies—catechu, borax, alum and quinine—may thus be administered when scarce anything else can be gotten down. It is, indeed, very often extremely difficult, and sometimes utterly impossible, to get medicine down our little patients in this complaint.

For fistulous ulcers, a solution of two grains of nitrate of silver, to an ounce of water, used as an injection, is one of the best, if not the very best, of remedies. We have lately prescribed it with success for a child, both of whose ears discharged purulent matter, after all other signs of the disease had disappeared.

(To be continued.)

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I received, this day, your valuable Journal, and noticed the communication upon the subject which forms the caption to this article; and

not aspiring to be, as has been elsewhere said, the "apologist for the filthiest of all fashionable vices," must be permitted to enter a partial disclaimer to some of the sentiments advanced.

My "opinions" may "have been given upon few data, and without the reflection which is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind;" but should the suggestions offered lead to just and profitable results, however their tendency, the ends of the writer will have been happily accomplished.

Little did I dream, my dear sir, when conversing with you incidentally at my office, on the subject of the throat affection of clergymen, and the use of the "noxious weed," that I was to be arraigned at the bar of public opinion for my remarks; but as the object was then, and is now, simply to elicit truth, I do not hesitate to "take the responsibility," and entrench myself behind such facts as are at hand, however imperfect may seem the catalogue, hoping that others will present theirs of an opposite character, that the legitimate inferences and deductions therefrom may be secured. For mere theory and cant I care not a straw, and therefore offer no reply to suggestions drawn from such sources; and I am happy that a gentleman has noticed your article so truly competent to discuss its merits or demerits upon facts, and facts alone.

As to what would, or would not, have been, had circumstances been thus, or so—whether we should have lived to the good old age of Methuselah upon a diet exclusively vegetable, or died, as we now do, at the very limited period of three or four score and ten, upon the mixed yankee diet of vegetable and animal food; or, what would be the probable consequences of rigid abstinence in all things from the commencement of time, or of habits such as our community now presents, I will not pretend to discuss, but shall be satisfied to examine things as they at present really exist, and discuss them solely upon their intrinsic merits, or, if you please, demerits. That errors have prevailed, and do still prevail, it is not doubted, both in our eating and drinking, and the "wherewithal that we are clothed;" but that our health statistics and bills of mortality exhibit so marked and favorable a character, as might have been anticipated from the—I had almost said diarrhoea of matter which has been dispersed broad-cast, as it were, over the community by our modern book-making and lecturing hygienists, *et id omne genus*, I doubt exceedingly. There is evidently a fault somewhere, which can only be detected and developed by attending rigidly to facts as they present, eschewing altogether speculative theory, unless based upon something more substantial and tangible than moonshine, mere moonshine.

What, then, are the prominent circumstances upon which the original conversation with you was predicated? 1st, That the disease in question is comparatively of recent origin. 2d, That it occurs, or has been developed, only, or rather most frequently, among those who are either in fact or by common courtesy the most strictly temperate in all things. 3d, That its pathology is but little known or appreciated, and therefore demands a more rigid and severe investigation, albeit the effort may cause to be suspected for lack of consistency a valuable public journal

devoted to "the scientific preservation of health and cure of disease," or *seem* to conflict with the principles, or with our ultraists' Procrustean dogmas, of the prevailing reformation from indulgences hurtful or apparently unnecessary. Not that I would say or do ought to arrest the onward progress of a temperate temperance reform—believing, as I most sincerely do, that much, and it is hoped substantial good has been, and is being accomplished through its potent agency; but only endeavor to check the wholesale denunciation, *under all circumstances*, of peculiar articles, because, forsooth, they happen to belong to the same class, conventionally, with other known noxious agents. A fourth reason offered for my remarks, was, that the affection in question is not the result of occupation merely, or much, or loud, or long speaking, nor is it attributable to the noxious influences of a confined and vitiated atmosphere alone, judging from the well-known fact that the lawyer, *quo ad hoc* proverbially healthy, outtalks the divine immeasurably; frequently addressing a jury *en haut voix*, some three, six, and even eight hours consecutively (the clergyman rarely more than an hour at one time, and that at intervals, and with a low and measured intonation), and in the vitiated, rum-and-tobacco atmosphere of a low, ill-ventilated, crowded court room, and this not merely once, twice, or thrice a week, but daily, for weeks, aye months together, as not infrequently occurs with many of our popular advocates at the bar during protracted sittings of county and general courts.

But to recur to our first position, that the disease is of recent origin, and was therefore wholly unknown to, or unappreciated by the clergymen of olden time. True, the labors of the closet (clerical), then, were not infrequently, and I doubt not advantageously, connected, more or less, with that of the plough and the wood axe, and it cannot be denied were less severe than at present. But what, in other respects, were the then habits of the clergy? So far as tobacco is concerned—that is the present question—they almost to a man indulged in the use of "the weed," *ad libitum*; nor am I aware of the fact, notwithstanding their incessant professional exertions (their style of preaching being mostly of a hortatory character, very earnest and enthusiastic, and often accompanied for hours with a stentorian utterance), that their average early mortality, as a class, was greater than that in our own day and generation.

But to the facts. In this city, wherein I have been in constant professional practice for nearly a quarter of a century, and where, from the incessant changes of pastors (a habit, by the way, much to be deplored), the aggregate number has been not few, I have *never known personally*, or through my professional brethren, of a single case of the throat affection, so called, among those of "the order" who used tobacco habitually, either by chewing or smoking! but, on the other hand, of several cases among those unaccustomed to its use, or, if you please, abuse. Now whether this is the happy result of the tobacco, or its "tap-room concomitants and tendencies," as suggested by your correspondent, Dr. Woodward, I confess myself wholly unable to say. I will in justice add, however, that in the cases to which we have alluded;

so far as our observation extends, the habit has not formed the "stepping-stone to that use of spirituous liquor which leads to intemperance," nor have the individuals been found lingering about the "bar room and the grog shop;" all having even "been satisfied," as a beverage, with "drinks as insipid and tasteless as water," and also considered by the community in which they live as respectable, and in all respects excellent, nay, worthy members of society!

Of snuff, and its effects, alluded to by Dr. W., I conceive the altered voice to be purely mechanical, the reverberatory passages being actually blocked up by this vile species of vegetable plaster.

But permit me to recapitulate very briefly, for my remarks have already occupied more space than I had intended, a few of the circumstances which led to the suggestions hinted to you. Being in conversation, a year or two since, with two most eminent divines of the Harvard school, upon the subject in question, they (both semi-martyrs to the disease) were in turn suggesting the probable causes of the malady, such as close application, long and loud speaking with the head in the up-lifted posture, confined, vitiated air, &c. &c., when I interrupted by saying, that there was evidently something wrong, or far from healthfulness, in the habits of the clergy of the present day; that the circumstances by them cited did not obtain as the exclusive causes of the disease, being amply refuted by the undeniable facts above alluded to in relation to the gentlemen of the bar and the clergy of olden time; that the frequent recent occurrence of the disease among them could only be accounted for by the *difference in the habits of living* between the two professions, and those of their own order who were even exempted from its influences—further, that I had never known an individual clergyman thus affected, who was in the habitual use of tobacco. I then inquired what had been their experience and observation in this respect, among their immediate friends; and although their professional acquaintance was extensive, neither could recollect a single case of the affection where the individual was addicted to the, if you will, "vile practice."

About a year since, being most happily present at a very interesting "Wednesday-evening Club meeting," in your city, with the celebrated Dr. Mussey, of tobacco-lecturing memory, this subject was again under discussion (and very naturally so, for, from the delicious fumes of the *Vuelta Abajo* which ever and anon greeted the olfactories, I judged that every member must, or ought to have been, to be eligible, a smoker), my remarks, as above, were there repeated, but were most promptly, though very courteously, met by Professor M. with the statement that the most inveterate case of the disease ever prescribed for by him, was in a gentleman, I think of Brunswick, largely addicted to the use of tobacco. The inquiry then was, what other cases of a similar character do you recollect? And my impression now is, that he did, or could, not name one in particular, but thought, as does your correspondent, that there were many such. Dr Mussey, to whom, as a ready writer, the medical public is much indebted, was very urgently requested, as he had already posted up the subject largely, and, as I conceive, very happily and justly thus far, to give the hint expressed a second thought,

and say something about it to the public ear. Having never heard from him, either directly or indirectly, which is exceedingly to be regretted, the subject being vital in its consequences, he will pardon me for supposing him to have yielded a tacit assent to the statement expressed, viz., that "the throat affection," strictly so called, and understood by the faculty, does not, as a general remark, develop itself in the habitually tobacco-using subject—that is, by chewing and smoking. To the use of snuff my observations have never been extended, the practice of "snuffing" being too apparently injurious from its general stupefying effects upon the system, and mechanical effects upon the voice, ever to be tolerated in a public speaker.

But granting that tobacco is a preventive, will it also act as a curative? Of this, I must confess I have doubts, and such (knowing the vile and captivating nature of the habit) as have ever precluded its prescription therefor in my practice. Indeed, I am fully convinced (as is, or ought to be, every medical man of experience) of its noxious tendencies in certain habits, and have many a time most advantageously proscribed its use, as I do invariably to the healthy man that of every species of narcotics or stimulants in general vogue.

Now, my dear sir, as I rejoice in having all mooted questions of importance rigidly tested, I am truly happy that this has been bruited; and if my notions are wrong, which, being a decided, though not ultra, temperance man in all things, I truly hope may so prove to be, no one will sooner yield than myself a hearty assent to the conviction; but if, through rigid investigation, it shall be found that the investing membranes of the vocal organs call for some peculiar stimulus to exalt their secretions, and give a more healthy tone to the function, and that tobacco is that agent, let us know the fact, maugre all expressions of "disgusting and vicious habit," "narcotic indulgences," "new era of knowledge," tendency to swell the number of inmates of the "tap room," &c. &c.

Your correspondent, after reading a homily in which I, nay all, fully coincide, "that thousands have found an untimely grave through the use of brandy, wine, and other narcotics, used to guard against sickness, &c.," attaches a universally like agency to the cigar, finding fault with a recommendation of tobacco as a *preventive*, notwithstanding the old adage that an ounce is worth a pound of cure, but admits that he "does not hesitate to prescribe it as a *remedy* in some forms of disease." Now I would as soon *prevent* as *cure* disease, especially such an one as this, an opprobrium medicorum, which annually numbers its scores of victims, thus depriving the community of their highest and most ennobling teachings, could it be effected by so *morally* harmless a remedy as tobacco.

Although, peradventure, I do, with the ultraist or the honestly sensitive, subject myself, through these remarks and confessions, to the imputation of

"Compounding for sins one is inclined to,
By damning those we have no mind to,"

still I am constrained to offer this "testimony" of my individual obser-

vations and experience, submitting with pleasure to whatever judgment their investigation in the premises may declare, respectfully subscribing myself,

Your servant, &c.

Providence, April 26, 1839.

J. MAURAN.

SARATOGA WATERS.—NO. IV.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me to close my present contributions to your Journal with two or three topics relating to the *comparative advantages of Saratoga Springs*, as a place of resort for invalids.

And, 1st, *The condition of the atmosphere of this place.* It would be idle to attempt to prove to your readers that a “change of air,” simply, is often and unequivocally a curative remedy. Very few can have failed to convince themselves, by their own observations, of this fact; and the profession generally, including authors, are now united in the acknowledged benefits resulting from change of atmosphere. Before my residence here, I had no suspicion of the difference between the atmosphere of the Connecticut River Valley, indeed of all places within 50 miles of the seaboard, and that of this town and vicinity. The change appeared so remarkable, that I early wrote to some medical friends in Hartford, through the columns of the Connecticut Courant, some hints of a popular nature as applicable to their patients. In that communication I stated, “that I have been told, by intelligent gentlemen here, particularly by those who reside in the more elevated parts of the village, that after many summers spent here, they have discovered no appearance of mould, either on their books, harnesses or boots. We who have lived in Hartford, and have had the care of libraries of leather-bound books, harnesses, &c., need not be reminded how many times in a season we are obliged to remove the mildew from these articles. That valley is as remarkable for a clayey soil and humid atmosphere, as the plains of Saratoga for an arid soil and dry air. The soil here being alluvial and sandy, the exhalations from the earth differ widely from those of our own locality. Add to the dry and bracing nature of this atmosphere the highly balsamic, or, rather, turpentine qualities with which it is impregnated by the numerous pines and other forest trees that have been wisely allowed to remain in and around this beautiful village, and you will perceive at once that these considerations are by no means to be overlooked by invalids who are projecting the means of gaining health abroad.” I need not make the application of these facts while addressing medical men. There is one class of sufferers, however, who have, by common consent, been prohibited a residence here, for whom I beg leave to say a word. I mean patients who are threatened with *pulmonary consumption*.

I have thought, as I have been walking nearly a mile, in the early morning, for my potations at the fountain, and inhaling the rich fragrance from these groves, that this class cannot be apprised of the very salubrious qualities of this atmosphere. Is it not an established fact that

consumptions are less prevalent on sandy pine plains than on primitive hills and mountains? If to the consideration of these atmospheric properties of Saratoga, we add the various accommodations for invalids, the amusements, the variety of equipages, the beautiful rides; and, moreover, the fact that all those with pulmonary diseases that are sympathetic and dependent on bilious and abdominal affections may both inhale the air, and, with the proper auxiliaries, partake of the waters, and be not only *not injured* but benefited, I think you will agree with me that there are many reasons why such individuals should not be debarred a summer residence at Saratoga.

Another topic to which I wish to call the attention of the faculty, is *the agreeable and delicious qualities of the fountains of Saratoga*. I have studied minutely various authors on the mineral waters of Europe and America, since my residence here; but I truly do not find in nature so admirable a combination for the chronic diseases of this country as is to be found in the various springs scattered along this valley. We need not tell our employers that a course of well-selected laxatives is of itself sufficient to remove a multitude of chronic complaints. This fact is universally known. What, then, should we not expect from daily, periodical evacuations by a medicine delicious, cool, exhilarating, full of agreeable and enlivening qualities, and containing a great amount of salts, antacids, lime, iron, and even iodine? I have no time to notice the chalybeate waters in the village, nor the sulphur springs in the vicinity, nor the multiplied conveniences for bathing.

Lastly, let the physician impress deeply on the mind of his patient, when leaving home for Saratoga, two injunctions; 1st, *A strict attention to diet and regimen*. Saratoga is proverbially a hungry place. A powerful appetite is produced by the waters. It is the interest of a boarding house to provide an inviting table. What, then, shall guard the craving stomach of the valetudinarian from nullifying all the expected benefits of his visit, unless it be the earnest admonition of the family physician before he leaves him? 2d, Let the physician state fully and honestly to his patients the *absolute necessity of a thorough and extended trial of the waters*. Experienced practitioners know very well that a complex medicine, which can, by internal and external exhibition, be made to operate as an alterative, deobstruent, antacid, aperient, diuretic and tonic, should not be abandoned on a slight trial. They know, too, what their patients cannot appreciate, the indispensable necessity of some extent of time in removing deep-seated and long-continued maladies. How preposterous, then, for invalids who have been under the influence of *established* disease for months or years, to hope they can eradicate and banish those diseased processes in one or two weeks! The physicians here, and keepers of boarding houses, know this full well: but how can they retain invalids whose own family physician has not urged to a patient and faithful trial of the remedy?

Respectfully, yours,

Saratoga Springs, April 20, 1839.

M. L. NORTH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 8, 1839.

AMPUTATION AT THE SHOULDER-JOINT.

A MAN working in a steam bakery, at Roxbury, on Tuesday of last week, had his left arm drawn in between a fluted roller and the copper platform, which crushed the limb shockingly, quite above the elbow. Although the engine was of six-horse power, the machinery was completely stopped. Dr. Lewis, of this city, was called immediately, and amputated the arm at the shoulder-joint in a very adroit and expeditious manner—having first taken up the axillary artery. The loss of blood was comparatively trifling. This has been stated to be the first time amputation has been made at the shoulder-joint, in this neighborhood; but from the annexed letter of Dr. E. Warren to the editor, it will be perceived that this is not the case.

DEAR SIR,—May I be permitted, through the medium of your Journal, to correct a mistake that has appeared in one of the evening papers, in regard to the operation of amputation at the shoulder-joint. Our admiration of the improvements of modern surgery, and our self-congratulations at the superior advantages our medical men now obtain by the facility of visiting the schools of England, Scotland, and France, ought not to render us unjust to the merits of our predecessors. It evidently does not detract from the honor due to a skilful operator, that the operation has been performed before. The amputation of the arm at the shoulder-joint was successfully performed by my father, the late Dr. John Warren, as early as the year 1781, at the military hospital in this city, near where the Massachusetts General Hospital now stands. It is very possible that it has also been performed by others. But as the circumstances which would render it necessary are generally such as to involve the life of the patient, opportunities in which it may be practised with any chance of success, do not often occur.

Yours, etc.

Boston, May 3d, 1839.

EDWARD WARREN.

Dr. Ingalls on Scarlatina.—A second edition of a letter from William Ingalls, M.D., to his son, William Ingalls, Jr., M.D., on scarlatina, has been demanded by the public. Of this we are right glad—because it shows that the writings of one so experienced as the author are read with avidity. Besides, on the subject of scarlet fever, every line in this pamphlet comes from authority. If no mode is devised for limiting, or at least controlling, this growing scourge of the country, the hope of raising our children from infancy to adult age is almost hopeless.

By an examination of the books at the Health Office, it appears that 92 deaths occurred in Boston by scarlet fever, between January 1st and April 27—being one more than all the deaths by that fearful disease in Boston, in the year 1838. We still insist upon it that this melancholy mortality shows, beyond the power of contradiction, that it is not treated, as it should be.

Albany Medical College.—Things are going on prosperously at this school. The students, much to their credit, have discovered that Dr.

Armsby is a first-rate teacher of anatomy, and have presented him a silver vase, as a testimony of personal regard. Very few possess the happy tact of Dr. Armsby in making anatomical demonstrations perfectly interesting.

The first annual commencement of the college was held on the 24th ult. and the degree of M.D. conferred on thirteen gentlemen. The following are the names, with the subjects of their inaugural dissertations :

Jared Bassett, Montpelier, Vt., *Mental and Corporeal Association*. Alfred Cook, Delphi, N. Y., *Bloodletting*. Henry Cartier, St. Antoine, L. C., *Sanguinaria Canadensis*. Gilbert H. Brownell, Northampton, N. Y., *Urinary Calculi*. Anderson S. Dean, Cambridge, N. Y., *Digestion*. Almond B. Edmonds, Edinburgh, N. Y., *Hydrocele*. Nahum P. Monroe, Belfast, Me., *Hydrothorax*. John V. Newman, Chatham, N. Y., *The Eye*. Marcus T. Peake, Andes, N. Y., *Hydrocephalus*. William H. Snyder, Jr., Sandlake, N. Y., *Inguinal Hernia*. Phineas H. Strong, Pawlet, Vt., *The Nervous System*. Rial Strickland, Somers, Conn., *Dysentery*. John Vought, Freehold, N. J., *Angina Pectoris*.

Maine Medical School.—It is with much pleasure we hear of the success of this school. Our townsman, Professor Roby, is said to be very popular with the medical class. He excels in *perspicuity and method*. With these two distinctions, and a very tenacious memory, there can be little doubt but he is destined to take a high rank among the anatomical lecturers of our country. Indeed Dr. Roby is now, it is said, one of the most popular lecturers they have ever had at the Maine Medical School.

Webster's Chemistry.—The new edition of this work contains many new and excellent things. The scientific public may be assured, that the well-known industry and professional enthusiasm of Dr. Webster will render each succeeding edition of his work more and more useful and interesting.

Prize for Filling Teeth.—A gentleman in Hartford, Conn., has deposited \$100 in the hands of the editor of the Courant, to be paid to the dentist who can fill teeth the best. But the proposition is hampered with, to us, such unintelligible provisos, that very few dentists, we apprehend, will trouble themselves about it.

Medical Convention of Ohio.—The Ohio Medical Convention will hold its next regular meeting in the city of Cleveland, on the second Thursday of May, 1839.

Amongst other matters of importance, committees are expected to report on the medical topography, climate and diseases of the Valleys of the Cuyahoga, Muskingum, Scioto and Miami, and the adjoining region of each respectively.

An important report is expected from Dr. Peixotto, upon the subject of vaccination. Also, one from Dr. Drake, on the *Flora Medica* of the State of Ohio.

By authority, the Secretaries respectfully invite the *regular* physicians of Ohio, to bring forward and exhibit at the successive meetings of the Convention, whatever improvements or new inventions they may have made in the various instruments and apparatus used in practical medicines, surgery, obstetrics, and pharmacy.

TO CORRESPONDENTS.—Several communications have been received and will be inserted in due time.

DIED.—In Minot, Me., suddenly, Dr. Seth Chandler, aged 72, formerly of Duxbury, in this State. He was a physician of the old school, and of much business till within a few years of his death. He has gone down to his grave honored and lamented.—At Baltimore, Dr. Joseph Brevett, 70.—At New York, Dr. Tucker, of Washington.—At Pensacola, Dr. William Plumstead, of the U. S. Navy, a native of Pennsylvania.

Whole number of deaths in Boston for the week ending May 4, 18. Males, 9—females, 9.

Of consumption, 2—scarlet fever, 5—old age, 1—disease of the heart, 1—measles, 1—dettum tremens, 1—epilepsy, 1—fits, 1—infantile, 2—lung fever, 1—stillborn, 5.

MEDICAL STAND IN NEW YORK STATE.

A good location for a physician in a pleasant little village on the Erie Canal, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about \$1200. Name of the physician wishing to sell, and of the town, may be learned by application at this office—if by mail, post paid. M 3—

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

NOTICE.

A PHYSICIAN in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable.

A 24.—cop6w

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweetman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchesse D'Orléans; Professeurs Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delaisfield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rogers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Klam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,

Office 4 Vesey Street, Astor House, New York.

A constant supply of the above instruments will be kept by Read, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10. Feb. 13—6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by B. CLAPP, JR., at 164 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MAY 15, 1839.

No. 14.

DR. COMSTOCK ON SCARLET FEVER.

[Continued from page 203.]

HEMORRHAGES are caused by a greater fluidity of blood than exists in its normal state, owing to a breaking down of its crasis, to mental affections, or to an erosion of the capillary vessels by canker; or, again, by a dilatation of their mouths, occasioned by debility in their minute fibres. Astringents, bleeding, cold and narcotics, are the principal remedies. Sugar of lead with opium—combining the narcotic with the astringent—furnishes a remedy more to be relied on in intestinal hemorrhage than any other. When bloodletting will check the discharge, let the blood issue from whatever part it may, a small bleeding may be expedient, as it may prevent a greater loss. But, in the language of John Hunter, a surgical operation (even so small a one as the puncture of a lancet) shows a deficiency in the medical art. Narcotics are the remedies in mental hemorrhage. An impalpable powder of red bark, applied to bleeding surfaces, or to blistered ones, which discharge inordinately, or threaten mortification, acts as an astringent, absorbent, antiseptic and tonic. If before it is applied, however, a stick of lunar caustic be rolled over the part, or the part touched with it, its effects will be more apparent.

In a case of croup, succeeding scarlatina, with extreme violence, my little patient, a fine boy, was saved by leeches applied over the trachea. Repeated emetics, calomel, and Dr. Godwin's remedy, snuff to the thorax, had been previously used, and might have had some agency in the favorable result, although none was manifested until the leeches had drawn copiously. As a general rule, in all cases of difficult breathing, something of a tendency to croup is to be suspected, in which the loss of blood, especially by leeches, may be very necessary.

In the family of Mr. G. W. K. the disease appeared with great malignity, the winter past. Mrs. K., the mother of seven children, being herself seized in an alarming manner, I determined upon exciting a counter-action by inducing strangury. Tinct. lytta was accordingly exhibited. It had the desired effect speedily. She was obliged to rise from her bed once in from five to ten minutes, perhaps, for the half of one day, for the purpose of micturition. This was the day after she began with the tincture. It had a most happy effect, without any considerable suffering or unpleasant consequences. She was, in fact, cured at once. How far it may be relied on as a general remedy, I have not as yet had experience to decide. But there can be no doubt that a

local stimulant of so much energy, has a general, nay, universal power to stimulate the whole nervous system. And I think that I perceived something of this upon the spirits of Mrs. K. during its operation. Small doses of tinct. lytta, as a diuretic, is our best remedy against the dropsical diathesis which occurs as a sequela to scarlatina, and as a preventive of those sudden effusions which have sometimes proved fatal.

I have not fully ascertained, to my own satisfaction, that children resist the strangurious effect of cantharides, as they do the salivating operation of mercury. But in small doses I have frequently given it to them without any such symptom.

The hydriodate of potash (*iodide potassium*) is a remedial agent of some power in discussing swelled parts. A few drops of the solution, mixed with honey and water, is the best form of giving it to infants and small children. In the case of an infant whose tongue was so swollen that it could not draw the breast, it had a good effect, and the infant recovered the use of its nursing powers, as well as health. One scruple of the *iodide* may be dissolved in an ounce of water—the dose of which, to children under seven years, is from four to eight drops. In order that it may have a local effect upon the mouth, tongue and tonsils, it may be given mixed in honey alone, or with very little water mixed with it.

To what are those effusions and congestions owing, which sometimes suddenly prove fatal? No cause more probable can be assigned than that of erosion of the capillary vessels by those little ulcers popularly called canker. And no other means of prevention can be relied on than a course of tonics, astringents and antiseptics, for some time after the patient is apparently well. The fermenting decoction of bark, for which a formula has been given, combines all these qualities in an eminent degree. Let it be re-examined. But whilst it is preparing, *Huxham's tincture*, in a watery solution of catechu, sweetened with honey, may be an excellent substitute. Still, it has not the important presence of *carbonic acid*—a substance of the greatest energy in nature for correcting a tendency to putrescency, and relieving nausea. Let nothing withdraw attention from it, when combined with bark.

As to the pertinacious tendency of scarlatina to a putrid diathesis, a case occurs to my mind, which I will notice. A lad, in a family in which it appeared with great severity, had it in its malignant form. His abdomen was of a mahogany hue, and bloated, together with his penis. With febrile, eruptive, and tumid phenomena, he had appalling nervous symptoms and was awhile blind, with low muttering delirium, and picking of the bed clothes. From all these he so far recovered as to be able to sit up to the table with the family. There he was seized with hemorrhage from the nose and bowels. These were arrested, however, and nothing seemed to be in the way of his recovery, when a spot, indicating sphacelus, appeared on one of his knuckles. The process of mortification ran up his hand and arm, and, as I learn, proved fatal. He died five weeks from his first seizure. I saw this lad in all the stages of his illness except the last, in which, being ten miles distant, I did not visit him. But the consideration occurs, whether, if the putrid tendency of the disease had been kept in constant view, by the assiduous

use of the fermenting decoction of bark and other antiseptics, such as the citric acid in effervescing draughts, he might not have been saved.

With respect to the *effervescing draught*, it is scarcely possible to speak too highly of it in all the stages of scarlatina. When it is considered as a febrifuge, a diaphoretic, an anti-emetic and antiseptic, we have in it a remedial agent calculated to alleviate all the distressing and dangerous symptoms of scarlet fever. Next in importance, when it is sweetened with syrup or honey, it has the property of being palatable. And in no one disease ought our attention to be more fixed upon making medicines agreeable, withholding those that are offensive, presenting pleasant, encouraging prospects, and elevating the invigorating and strengthening powers of joy and hope, than in this.

A case of scarlatina occurs to me here, worthy of attention, from the *Edinburgh Medical and Surgical Journal*. A young gentleman attending school there was severely seized, and his—as his physician, Dr. Wake, says—was among the worst cases. It was a period of mortality; the malady was epidemic and fatal in that city; the season was August, when the weather was hottest, and there was, in the opinion of his physician, very little hopes of his recovery. But the young man entreated to be taken home, a distance of eighteen miles. His parents came, and seconded his wishes, provided Dr. W. would accompany him. Their coach was large; a bed was put in, and he laid upon it, and the doctor followed in his carriage. The procession was slow, a mile only in half an hour. Twelve miles passed in half as many hours, when they stopped to dine. He was then revived greatly, and sat up a little at table, to please his parents. Slept well that night—was convalescent next day, and well recovered in a week more. Something may be allowed to the utility of gestation in this case. But I am inclined to think that far more is due to the tonic effects of hope, at the prospect of reaching home; to those of joy, at leaving a city infected with deadly disease, and whose bells were sounding departures to another world with the same malady under which he was laboring.

It cannot be too strongly inculcated that the tonic powers of hope, and the pleasing prospect of recovery, ought to be most sedulously held forth, whilst everything depressing to the mental energies is strictly avoided. The arterial system is quieted through the nervous, and in no one disease is there more need of keeping this in view than in the present. It is from this, as well as from the views before noticed, that, as a general rule, we avoid bloodletting.

In one case to which I was called ten miles, in the night, the patient, a girl, aged thirteen, had been seized at school that day, at 11 o'clock, to which she went in the morning in apparently perfect health. She had so hot a fever that she quenched her thirst at a brook on her way home. She was delirious, and never, as I think, had I in any case found so burning a skin. I was in this instance induced to depart from my usual course, by drawing some blood. This was on Thursday night. The succeeding Sunday, whilst with another patient in the same disease, a messenger came for me to visit her immediately, stating that she was thought to be dying. It appeared upon my arrival, that she had turned

of sinking, approaching syncope, in which her head was thrown back, her features pale, with the semblance of immediate dissolution. By exhibiting wine and a general cordial course, my patient was saved, and had a speedy recovery. But had she died, I should certainly have regretted, as I did at the time, my departure from my usual practice, in bleeding her.

The opinion of Celsus stands in strange contrast with that of physicians of the present day—when he says, but if a violent fever be setting in, to take blood at the very onset is to murder the patient. It was also his opinion that young subjects always bore that evacuation very ill—the younger the worse—which merits serious reflection in the disease of which we are treating, in which our patients are mostly young; as does his remark, that it should ever be borne in mind that, although the disease may need depletion, the patient may not be able to sustain it.* We may repeat that the inflammation in scarlatina is *erythmoid*, in which, if bleeding does not really kill, yet it does sometimes.

Camphor is one of those remedies which stand pre-eminent for allaying irritation. We dissolve it in spt. nit. dul.; we mix it, powdered, with opium, and combine it with laudanum, as well as apply it externally in spirituous solution. Aromatic ammoniated alcohol, spt. nitre dul., twenty drops of the former to thirty or forty of the latter, is another remedy worthy of notice.

The opinion of the ancients that pus corroded and was acrid, seems justified in this disease, in which the cellular substance is destroyed, leaving the skin detached from the muscles. We hence have an indication for the use of demulcents, and there is none better than the inner bark of slippery elm (*ulmus U. S.*). A decoction of linseed, combined with rad. glycyrrhiza, which should be deprived of its epidermis—half an ounce of each, infused in a pint of boiling water—is a pleasant and useful demulcent drink, calculated to obtund acrimony and promote urine. Both may be freely drank.

As to diet, there is less danger of harm by indulgence in those articles which the patient's appetite craves, than in any other fever whatever. Still, those things which are light and nutritious ought alone to be permitted. Milk and water boiled together, and moderately thickened with the finest flour—custards, made with one egg to a pint of milk, and boiled by placing the vessel containing them in boiling hot water—and during convalescence, chicken-broth and some of the chicken, are allowable. Roasted apples are never improper at any stage, unless there be diarrhœa. Sago, salep, tapioca and rice, seasoned with sugar and lemon-juice, to which wine may be added when indicated, are unexceptionable articles. Nutmeg, or any other agreeable spice, may be permitted during convalescence. Port wine with water, into which fine, light white bread or cracker is crumbed, sweetened with white purified sugar, is an invigorating and palatable dish. The bread should be toasted and soaked soft. Codfish is a kind of animal food often craved, nor have I ever known it do harm. The return of a relish for meat is earlier than after other diseases, and the powers of the stomach, and the secretion of

* See Boston Medical and Surgical Journal, Vol. IX., p. 340.

gastric juice, seem less impaired. Hence a bit of broiled mutton, chicken, or even pork, is less to be apprehended.

In the height of the fever, cold water is very much called for. It may be moderately allowed; but a beverage of cream of tartar, called *imperial*, is to be preferred. This is made by dissolving a half ounce of the crystals of tartar in three pints of water, boiling hot—throwing into the solution half an ounce of fresh lemon peel, and sweetening with four ounces of white sugar. This may be drank cold, in any quantity the patient chooses, and is pleasant, cooling and refreshing, as well as diuretic. There may be cases which require squills and calomel as a diuretic, but not often if this *imperial* drink is freely used.

Although we have coma in some cases, we have sleeplessness in others. And here is a part of clinical management, as it marks the skill and accuracy of a medical man, that may be the point—the pivot—on which the case may turn. How consoling, how blessed the sight, after anxiety intense and doubt so great as that encouragement has been withheld from friends, to see a patient fall into a quiet slumber, with eyes nicely closed, skin warmly moist, and nerves free from subsultus! To achieve this great desideratum, the patient's room must be darkened, and every source of irritation be removed and sedulously kept away. If opiates are used and do not have the desired effect, they but add to the patient's uneasiness and irritability. There are some constitutions which, if a glare of light from fire or candle, a step, a voice, a whisper, or the least disturbance of any kind, occur, just as they are about to get to sleep, it will cause their heart to thump as though their ribs would break, and prevent, perhaps for a whole night, a moment's refreshing slumber. And here the duty of the physician becomes the more weighty, for to him belongs the discovery and prevention of causes so minute, that the patient himself may not know them. Most persons are accustomed to sleep without a fire or lamp in their bed room when in health. And in time of sickness a curtain must be interposed between, so as to cut off the light. Nurses and watchers ought to be directed not to awaken the sick from a sweet, refreshing sleep, for the regular exhibition of medicines. Sleep is necessary to the life of an infant, to the renewal of energy in man, and to the recovery of the sick.

Valerian will sometimes induce sleep, when opiates fail; and sage, for slight nervous irritability, and for children, deserves more attention than is commonly paid to it. It is by some esteemed a vermifuge, and I knew a physician who thus considered it. We, on the whole, esteem it one of the best vehicles to administer medicine in which we know, when children are our patients; and ever recommend it in scarlet fever.

Although enetics are useful in cases of stupor, when the cause is seated in the stomach, yet in other cases a refreshing sleep follows their operation. Hence they may be given at night to those patients in whom it is desirable to promote sleep and diaphoresis. Remedies that are designed to be taken into the circulation, are best in the morning, when the absorbents are active. Ether, ammonia, and the diffusible stimulants generally, should be given in small doses and be the more frequently repeated. Opium, when given as a stimulant, should be taken in very

small doses, but often. It may thus be made to contribute to wakefulness.

In our general management of scarlatina, we must ever consider our patients nervous and irritable, and treat them accordingly. It has been said that a simple cut or bruise upon a man that was ignorant and robust, heals with less difficulty than on the refined and delicate. But a porcelain cup will last as long as a potash kettle, if it is handled with due care. If our patients are delicate, we must treat them delicately.

The stupor of pure debility must be carefully distinguished from that of congestion of the brain or sordes in the stomach. It requires capsicum, small opiates, wine, milk punch, and quinine. Even piperine may be mentioned in this connection. We are here to be understood as speaking of debility clearly ascertained, and distinct from brain affection.

There are a great many cases in which the local symptoms, such as mahogany color, canker and swelled glands, are not the most urgent, because not present; but in which a hot skin, a quick pulse, and short breathing, are the most apparent. In such cases we have to combat a general febrile diathesis, but must always bear in mind that a gangrenous tendency is to be kept in ultimate view. The rejection of tartarized antimony, of nitre, of emetics, and cathartics, is founded on an erroneous pathology. These, all these, may be used with safety in bringing the system to that state in which those remedies may be used which counteract a fatal termination—which may not, however, in all cases be needed, because the patient may present no indication requiring them. We like to record facts and the results of experience. This day (March 30, 1839) we have been called into a family who have lost a child, to attend to their only remaining one, seized with the same disease. We gave it an emetic at the onset, and we have great reason to conclude, from the relation given by the parents, that their other child, who was attended by a physician who disapproved of emetics, was lost in consequence. No remedy will have due effect if the stomach is lined with mucus, or any foul material. And none of the medicines given did take effect upon the little son which they lost. Emetics—tartarized antimony, nitre—and cathartics, when they only *wrestle* with the disease, may insure the safety of the patient. Still, such a variable malady, such a concentration of morbid impressions, acting on such a variety of ages, constitutions, idiosyncrasies, and in the various seasons of the year, should make us pause in prescription in each individual case.

If anything further is to be said upon *etiology*, we may repeat, that some seem to be born with a predisposition to receive impressions from certain seasons, and aerial and terrene agents or gases, which others are born with constitutions to resist. There seems to us to be no other way to account for the unexpected attacks of those who are seized, who have had no possible exposure to contagion, and the innumerable escapes of those that have.

(To be continued.)

"OPERATIONS ON THE TEETH."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—There are two brief communications in your Journal for the 1st of May, touching the practice of dentistry, which deserve some general and critical notice, because they are calculated to misinform and mislead many who are exposed to become sufferers from the mal-practice of those who are merely "*operators on the teeth*"—a new set of practitioners that are springing up all about us, and who, too generally, for the reputation of the profession and the good of society, pass, in the view of the multitude, for regularly instructed dentists.

The notice from your correspondent W. A. A., of the case in which several decayed teeth were filled with wood, which remained in them some 3 or 4 years, is not a solitary instance of the kind. From the dark chambers of charlatanism we have seen come forth the *same*, and even *worse* things than this. Let it not be believed, that a substance which will readily become impure and decomposed if placed in a hollow tooth, will in any considerable degree arrest the progress of disease and destruction in this organ. Your own remarks on the use of wood for this purpose, in the commencement of the article on the employment of lead, are manifestly correct. But whoever has assured you that "lead is fully equal to gold for filling diseased teeth," has spoken without knowledge, or with want of honesty. All the metals that have been used for dental operations, except gold and platinum, generally corrode or oxidate in the mouth in so short a time, as to render them unfit to be depended on. Pure tin is better than lead on this account, and is sufficiently inelastic to meet all the difficulty of an operation. I have, for more than twenty years, watched the operation of all these metals in the teeth, and I am sure that it is bad practice and miserable economy to use any of them except gold. For although they may appear bright on the surface, yet after they have been worn a few months, or at most one or two years, they will too commonly be found black, soft, and decomposed beneath. The fact that in some few instances a lead or tin filling will remain five, ten, or even twenty years, when ninety-nine per cent. of them will show the mischief they are doing in as many months, is certainly no recommendation for their use. Close and repeated observations would not, I think, have led you to the conclusion that every pressure of the opposing tooth would tend to drive the lead into every part of the cavity, where such filling is used. On the contrary, if an inelastic filling is driven at all in this way, the tendency is to make it looser; and it is one of the peculiar advantages of a *good* gold filling, that it is not moved in the least by the operation of the teeth, the food, or the brush, except that it is worn down in common with the sides of the teeth.

You speak of "economical considerations." I have already adverted to this, but I know of no dentist whose "principal apology for the expense of filling teeth, is the cost of gold." Those who are doing these operations as they now may be and ought to be done, charge for their *personal services* principally. They could seldom make any

material difference in this on account of the metal employed, be it gold or tin.

The operation of filling teeth, as well as others which are done to check the disease and prevent the loss of these important organs, are of a delicate surgical nature, and often exceedingly difficult; and if not done on surgical principles, they are likely to be of little worth. Yes, let me repeat, filling a tooth, when done as it should be, is a *delicate and important surgical operation*. The tooth is not a mere bit of decaying or decomposing ivory. It is a living organ—a diseased bone. The word *decayed* does not, in its most common acceptation, express to us the state of a tooth which requires this operation, and may be saved thereby. *Diseased* is the more appropriate word. That disease of the teeth, which in most of the works on dentistry is denominated *caries*, is, in its early stages at least, inflammation of the bone—*ostitis*, or *dentitis* (if I may be allowed to introduce such terms); and whoever would treat such cases with the most reasonable hope of success, should be familiar with the minute anatomy and intimate structure of the teeth, with their physiology and pathology. I am but too well aware that it is difficult to impress those who are not acquainted with the structure and diseases of the teeth, nor the nature of the treatment required, with a firm belief in this doctrine; but it is nevertheless true, and too many who are finally convinced of this, become so at no small pain and cost, by submitting their teeth to the operations of those who are dentists to-day, though they were anything else yesterday.

Excuse me for troubling you with these remarks on a subject which some of your readers may esteem as of little importance; but I have too many proofs, daily, of the want of correct and enlightened views of the branch of practice to which my time is devoted; and while I cannot aim to correct all the false notions and mischievous statements in relation to it which I see set forth in our newspapers, I cannot at the same time patiently remain silent, when I see the pages of our medical journals made the vehicles for disseminating erroneous views of a branch of surgery which is eminently serviceable in preventing more hours of suffering to our fellow beings, than almost any other. Yours, &c.

May 6, 1839.

F.

LOSS OF VOICE IN PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—This is indeed a dry subject to harp on in a medical journal; but as there have, of late, been some observations made upon it in your Journal, and those not at all satisfactory to my mind, I beg room to offer a few remarks on the subject, although they may not perhaps prove any more edifying and instructive than those which have already been made. Many of our medical brethren, in searching after truth in the "divine art," are inclined, if I may be permitted so to term it, to take the negative side of the question, and instead of stating to us clearly and concisely what are the causes of certain effects, they go to work

with a long argument and a formidable array of learning to demonstrate to us what are *not* the causes. Now, if a man cannot instruct me in the truth, I would give but very little for him to tell me what is not the truth; if he cannot tell me what is the cause of any particular effect, I would scarcely thank him to tell me what is not the cause. We should never undertake to batter down the theory of another, until we have one of our own which we may set up in its stead. It is this wish to demolish the works of each other, that has caused four fifths of the contentions in the medical world. One man, with a few strokes of his pen, added to a little fertility of the imagination, erects a theory in one minute, which it takes a thousand men a hundred years to demolish. And when at last they imagine they have totally destroyed it, it is ten to one but that they have been so busily engaged in destroying, they have not even thought of framing a theory to take the place of the one destroyed.

The observations of Dr. Woodward, in No. 11, so far as they extend, are extremely good. That tobacco is injurious to the voice, every one can testify who has ever heard the harsh, thick, husky, mumbling, stammering, insonorous voice of the inveterate tobacco chewer. But the doctor might have gone further, and stated other palpable causes of this impaired state of the voice; he might have stated causes which cannot be mistaken, and which might well be dignified by the term *causa notissima*. That the practice of speaking in low rooms and crowded assemblies has an injurious effect on the organs of the voice, we most freely admit. But, indeed, all orators, except Demosthenes when he was declaiming in his cave, have been in the habit of speaking to crowded assemblies, and of breathing a vitiated air; still the disease in question is of modern date. I do not imagine that it is so injurious to the voice to speak in our modern, convenient, well-formed, sonorous rooms, as it was to our forefathers to speak in their inconvenient, capacious houses, which required the exertion of a stentorian voice to fill them, with the addition of a sounding board to conduct the voice of the speaker to the ears of the hearers. The efforts of the speaker to fill such rooms must be double that required to fill rooms formed after the modern style. This every one is aware of who has ever entered a meeting house built by our ancestors some one hundred and fifty years since. The Roman orators who harangued assemblies of thousands for hours in succession, in the open air, were never troubled with a failing of the voice, and yet it must be acknowledged that speaking in the open air is of all speaking that which is the most injurious to the voice of an orator.

But, Mr. Editor, without rambling any further, let me state distinctly what I think to be the cause of this modern complaint; the *fans et origo mali* are not inscrutable, nor past being found out. The cause of this disease I believe to be no other than the habit which the speakers of the present day have of stopping in the midst of their discourses, when the organs of the voice are in the highest state of excitement, and pouring down cold water on the delicate structure of the larynx, in order to render their voices clear and sonorous. There is certainly nothing better calculated to injure the vocal organs than this practice. Public

speakers, after having made exertions in speaking, upon going out into the open air, generally wrap up their faces to protect their vocal organs from the access of the cold air. This is a good practice. But if they are afraid of the contact of the air with the larynx and lungs after speaking, ought they not to be doubly afraid of the contact of cold water with the former during speaking, when the vocal organs are highly excited and fatigued. Any one who is in the least acquainted with the delicate structure of these organs, must be aware that this is a highly dangerous practice.

Cold water cannot have the least good effect on the voice of public speakers. It may, perhaps, clear it for a moment, but it checks its natural secretion, when taken during speaking, and after a few moments the voice becomes worse than before. Mental emotions in public will generally cause too great a flow of saliva; but this will subside after beginning to speak, without filling the stomach full of cold water in vain efforts to wash the saliva down.

N. H. ALLEN.

Gray, Me., May 1st, 1839.

FOREIGN BODY IN THE TRACHEA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was called, on the 31st of January last, to visit a boy between 3 and 4 years old, belonging to Mr. C. S., of Scituate, who was taken, a day or two previous to my visiting him, with an *incessant coughing*. He would have two or three spells of coughing in the course of 24 hours, which lasted from 1 to 2 hours at a time, but were always worse during the night. After obtaining a particular history of the case from the mother, and making all the requisite inquiries relative to the *cause* of this singular cough, I did not feel, after all, fully satisfied in regard to its *true nature*, which did not appear to agree with anything that was at all common. The mother then informed me of her *suspensions* that the child had either swallowed part of a chesnut, or part of a nutshell, a week before the last Thanksgiving; for the child *then* had them about the room, cracking and eating them, and was taken with coughing at this time, very *suddenly*, which lasted incessantly for about 1½ hours, and then becoming much exhausted, he grew easier. From this time he would have frequently a similar attack, then recruit in the course of a day or two, and so he continued till I was called to see him, as above stated.

When I came to take the subject into serious consideration, from the above-mentioned circumstance, I tried very hard to get something definite to prove that it might be so; but as the child could not tell anything, and as no one saw him put anything into his mouth, I could gather no positive proof as to the cause of the difficulty. However, as the mother seemed to be somewhat sanguine in her belief that such was the case, I told her I would do everything in my power to relieve the suffering child, and administer nothing that would be calculated to counteract the expulsion of the extraneous substance, allowing anything of the kind had actually taken place.

Judging from the foregoing situation of my little patient, I went upon the principle that the child was probably indisposed by an uncommon irritation of worms, or else from taking a very sudden cold—and hence the lungs might, from the various changes in the winter season, be easily susceptible of extreme irritability. The child had, almost invariably, in his attacks, red cheeks, though very white round the mouth, was in the habit of picking his nose, and was considerably disturbed in his sleep, which are strong symptoms in common cases of worms. From this state of the case, I thought I would commence with efficient vermifuges, and find out first what they would do. The most powerful were used, but to no good purpose—the cough rather increased than otherwise. Then I administered medicines for a cold, and to have them act more directly upon the lungs, an emetic of ipecac. was given, and it operated well—then followed a cathartic of jalap and cream of tartar, which likewise did all that was wished. After this gave small powders of ipecac. every 6 hours, to serve as an expectorant; and for his common loosening drinks, he took the slippery elm, liquorice and flaxseed infusion, all which were given freely. This course was pursued for 5 or 6 days, sometimes it appeared to advantage, but ultimately there was not much improvement. I now abandoned the powders, and relied principally on a compound of ol. ricini, tr. opii, camph. et syr. scill., in such proportions as to have it answer the purpose of a moderate cathartic, expectorant and a sedative. This formula had a very good operation, and proved quite effectual in a few days, so that I considered the boy sufficiently convalescent to dismiss him. There were medicines left, allowing he had a renewed attack.

As this case had appeared somewhat singular in its course, I made it a practice, when passing where the child lived, to call and see him, always keeping in mind the possibility that he had swallowed something which had entered the *trachea*. In one of my calls, about a fortnight after he had been dismissed, the mother told me that the child appeared to have the phthisic, and had a severe paroxysm the night before. Upon receiving this information, I then examined critically, and made inquiries whether the disease could be hereditary, and immediately learnt that the mother had been much afflicted with this disorder in her former days, and that her father had suffered greatly during his life with the same malady. When I first received this intelligence, it seemed, in a great manner, to account for the child's previous indisposition. Notwithstanding all this, the case appeared to me novel—for the child seemed to have the asthma to perfection.

This case continued, as just stated, till the 4th of April, ult., when I was again sent for in great haste about two o'clock, P. M.—the child now being, as the messenger informed me, in great distress, accompanied with extreme dyspnœa. I went as quickly as possible to the residence of the child, and found him, as he appeared to me, severely attacked with the *cynanche trachealis*, or the *croup*, so called. He had evidently every peculiar and striking symptom of this disease. But there was one thing which appeared strange at this time—what could have produced the *croup*? as the child had not been exposed at all to the

cold air. However, there were no other symptoms but what I had always discovered in cases of genuine croup. As soon as I had decided upon the diagnosis of the disease, I administered a powerful emetic of ipecac. and tart. ant., in a sufficient quantity to operate effectually—then followed with jalap, calomel, and castor oil, till a thorough evacuation was accomplished from the bowels. After a powerful operation of the emetic and cathartic, the child seemed to be essentially relieved, the most unfavorable symptoms abated, and he became quite comfortable about 5 o'clock, of the same day. I now left the patient, after prescribing some ipecac. powders, and equal parts of ol. ricini et syr. scill., to be given alternately every 3 hours during the coming night. The next day I visited him, and found him sitting up and comfortable. I then ordered the last-mentioned medicine alone, to be given every four hours till he improved enough to relinquish it.

There was no material change, only gradually for the better, from the 5th till the 9th day of April, when he was very suddenly attacked in the P. M. with his previous coughing spell, and it continued violently about half an hour, when all at once the sufferer was instantaneously relieved by vomiting up the mysterious disturber of his peace—a part of a *nut-shell* that would average about a quarter of an inch square. Since the expulsion of the shell, the child has been perfectly exempt from every vestige of disease.

Here I would merely remark, which I consider worthy of some notice, that the nut-shell had, at different times, been the primary cause of producing the appearance of a severe case of worms, a violent cold, the asthma, and, finally, the *cynanche trachealis*. It was confined in this situation rather over 4½ months. I have prepared the case for publication, hoping it may prove beneficial to some of the medical fraternity, especially to the younger class.

ROBERT CAPEN.

South Hingham, Mass., May 3, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 15, 1839.

PATHOLOGICAL ANATOMY.

It gives us much pleasure to announce to the profession a large and complete work on pathological anatomy, by Samuel D. Gross, M.D., Professor of General and Pathological Anatomy and Physiology in the Cincinnati College, Ohio. It will be in two large octavo volumes, of about five hundred pages each, from the press of Marsh, Capen, Lyon & Webb, of this city, who never suffer a book to go to the public in an unfinished condition. We have examined a few of the illustrations of morbid parts, which are extremely beautiful in execution, and show most conclusively that the artists of the west are no way inferior to those on the Atlantic border. Besides the lithographic colored plates, it is proposed to introduce about one hundred on wood, by the best engravers in Boston. That the labors of Professor Gross will be appreciated, cannot be doubted; and

when it is recollected that it will be a purely American system, fitted, as it were, to the meridian of native practitioners, the sale cannot be slow, nor will his industry and learning go unrewarded. We shall speak of the typographical progress of the publishers from time to time, both for the accommodation of the trade at a distance, as well as for those who are more immediately interested in the progress of medical science.

Scarlatina at Cape Cod.—We understand that this painful and afflictive malady has been prevailing to an alarming extent in several towns on the Cape. This induces us to request, as a special favor, that some of our many subscribers in that section will transmit an historical account of the mortality by scarlet fever since the first of January. The physicians at Yarmouth, Eastham, Orleans, or Dennis, owe it to the public to present all the light which their late experience furnishes, for the comfort and guidance of those who are less familiar with it.

Dr. Reynolds's article on this disease, inserted in our Journal of the 27th of March last, is copied into the last No. of the Southern Medical and Surgical Journal. The accompanying remarks on the disease, by the editor of that Journal, may be inserted in our pages hereafter.

Practical Dentistry.—Readers are respectfully referred to a paper on page 219 of this day's Journal, written by a gentleman who is acknowledged to be one of the most completely scientific dentists of the day. His observations are entitled to marked attention. We cannot feel otherwise than extremely gratified that the public are likely to understand the claims of this profession, since individuals of great eminence, belonging to the craft, are beginning both to explain and publish the results of their observation and experience.

Abscess of the Brain.—Coroner Wheeler was called to No. 38 Houston street, New York, to view the body of a young mechanic, named James Ridner, aged 18 years, who died suddenly.

It appeared from the testimony adduced on the examination, that the deceased had been for some two years past complaining of a pain in the ear; that he had therefrom frequent discharges, supposed to be occasioned by what is termed a "gathering in the head."

For the last three months he had been able to attend to his business, with the exception of about three weeks, during which time he had a slight attack of the old complaint. He, however, recovered, and continued in his usual health till Tuesday of last week, when he was so severely attacked by pain in his ear, as to be obliged to keep his room. Dr. Hoyt was called in, who, on examination, ascertained that a polypus had formed within his ear, and he advised the young man to apply to the Infirmary, and have it removed. This the patient did not, however, do, but sent for Dr. Blakeman, who, on Sunday last, performed an operation, and removed the polypus. The operation caused much pain at the time, but afforded eventual relief, and he was supposed to be fast recovering. Excepting some occasional returns of the pain, he grew better till four o'clock yesterday morning, when his mother was awakened by him, whom he told that the pain had fallen with great violence into the back part of his head. She bathed his head with volatiles, and as he became easier

she left him. In about half an hour she returned, and found him dying. Drs. Post, Blakeman, and F. A. Caldwell made a post-mortem examination of the body, and found, on examining the skull, that an abscess of immense size had formed in the brain, which occupied almost the entire of the middle left lobe, being in size fully equal to a hen's egg, and which had even perforated the skull.

Poisoning with Monkshood.—The following treatment was lately successfully adopted in England, in the case of a child aged 13 months, who was poisoned with monkshood, and who was found two and a half hours afterwards, with slow and intermitting pulse, dilated pupils, vomiting, with great tendency to stupor, and apparent suffering of much pain. A teaspoonful of ipecacuanha wine was given every fifteen minutes, until the stomach was completely evacuated; after which brandy, compound spirits of ammonia, and strong coffee, were administered at intervals, which, together with mustard plasters to the pit of the stomach and the calves of the legs, the effusion of cold water from a height upon the occiput, and a turpentine enema, in the course of four hours relieved the little patient from its dangerous symptoms. It afterwards took nutriment from the breast, fell into a natural sleep, and the next morning was perfectly recovered.

Select Medical Library.—The last No. of Dr. Bell's Library contains thirteen lectures (complete) on bloodletting, by Dr. Clutterbuck, of London, and the commencement of Otley's life of John Hunter. The Journal department contains an interesting variety of foreign and domestic matter.

Secret Remedies.—The following is an extract from the minutes of the Philadelphia Medical Society, as published in the Medical Examiner.

"*Resolved*, That all discoveries or improvements in medicine or surgery should be freely promulgated through the appropriate channels of medical information, for the advancement of medical science, and for the good of mankind. And that the appropriation of such discoveries or improvements by their authors to their exclusive pecuniary emolument, by the taking out of patents or otherwise, is at variance with those principles of liberality and beneficence, which should distinguish the medical character."

Medical Miscellany.—A medical convention will meet in the city of Hartford, Conn., this day.—A little boy died lately at Philadelphia, in consequence of swallowing a number of percussion caps. The poor child vomited itself to death.—The patient whose arm was recently amputated at the shoulder-joint by Dr. Lewis, so adroitly, is recovering admirably.—The Massachusetts Medical Society have petitioned for the use of Faneuil Hall on the last Wednesday in May.—The motion for a new trial of Chauncy, the botanic physician, who caused the death of Miss Sowers, a while since, at Philadelphia, has been overruled, and he has been sentenced to five years imprisonment.—In the village of Eccles, Eng., a young man has been without food twenty-six days—the only article swallowed in the time was water. Last year, owing to illness, he went thirty-eight days without nourishment.—A letter from Ex-professor Elliotson, late of

the University College, London (who was obliged, it will be recollected, to leave his chair in that institution on account of his adherence to the doctrines and practice of animal magnetism), to his class, has been rejected by the members in consequence of the reflections which it contains on the character and conduct of several of Dr. E.'s late colleagues.—The editor of the London Lancet has published several cases which were furnished him by a correspondent, a member of the Royal College of Surgeons, verbatim et literatim, notwithstanding the writer requested that, "if there are errors and is to be lengthened, you are at liberty to place them in the form for printing." Many a writer has escaped a similar infliction through the gratuitous kindness of his printer.—Several cases are mentioned in a late No. of the Lancet, in which acute rheumatism was cured by the hydriodate of potash.—M. Magendie states, in his late lectures on the blood, that he has recently succeeded in speedily arresting a severe uterine hemorrhage by an injection of the ioduret of iron—a drachm of which was dissolved in two pounds of water, and used several times. M. M. also states the results of some interesting experiments of the excessive use of fatty substances, such as butter, oil, &c., showing their effects on the liver, which results will doubtless be seized on and turned to account by the dietetic reformers of our country. We may copy the account when we find room.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. April.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Therm. at 10 A.M.	Therm. at 2 P.M.	Therm. at 10 P.M.	Barom. at 10 A.M.	Barom. at 2 P.M.	Barom. at 10 P.M.			Hg.	Lat.	
1 Mon.	30 60 56	29.70	29.56	29.50	S W	Clear	29 66				Very warm and pleasant days. The thermometer has averaged 49 5-6 the first six days of the month—once rose to 70.
2 Tues.	44 50 42	29.50	29.63	29.59	N E	Clear	37 53				
3 Wed.	29 58 47	29.58	29.69	29.68	N E	Clear	29 65				
4 Thur.	35 70 67	29.58	29.60	29.60	N W	Clear	34 70				
5 Frid.	45 65 55	29.57	29.68	29.71	N E	Clear	43 65				
6 Satur.	38 62 58	29.65	29.54	29.46	S E	Clear	37 63				
7 Sun.	48 73 63	29.27	29.21	29.16	N W	Clear	45 73				Afternoon, slight showers.
8 Mon.	36 49 44	29.33	29.33	29.36	N W	Clear	35 49				Aur. borealis. Brocus in blossom.
9 Tues.	32 54 50	29.43	29.51	29.53	N W	Clear	31 60				Liverwort in blossom.
10 Wed.	33 59 50	29.52	29.50	29.44	S	Clear	31 61				High wind, very dry and dusty.
11 Thur.	50 66 58	29.38	29.38	29.34	S	Clear	49 66				Shepardia in blos. Rain at night.
12 Frid.	54 43 41	29.24	29.23	29.22	N E	Rain	40 55				Severe storm.
13 Satur.	38 38 36	29.10	29.14	29.16	N E	Rain	35 38				Storm continues.
14 Sun.	32 37 35	29.18	29.21	29.26	N E	Ra. & Sn.	31 38				Storm continues.
15 Mon.	36 42 42	29.19	29.06	29.00	N E	Cloudy	35 43				Afternoon showery.
16 Tues.	32 55 52	28.86	28.86	28.89	N W	Clear	32 56				Dices psalistris, or leather wood,
17 Wed.	38 34 34	28.86	28.73	28.72	N E	Su. storm	32 39				[in blossom.
18 Thur.	34 47 46	28.77	28.86	29.04	N W	Clear	34 48				Bloodroot in blossom.
19 Frid.	42 63 58	29.16	29.16	29.12	N W	Clear	38 63				Wood anemone in blossom.
20 Satur.	44 56 45	29.07	29.10	29.21	N W	Clear	43 56				
21 Sun.	28 42 47	29.39	29.47	29.50	N W	Clear	26 53				
22 Mon.	34 63 59	29.55	29.65	29.66	S W	Clear	28 62				
23 Tues.	39 62 55	29.68	29.73	29.73	S W	Clear	35 63				
24 Wed.	48 66 60	29.66	29.61	29.53	S W	Clear	37 62				Shower in the night. High wind.
25 Thur.	51 68 56	29.58	29.51	29.30	S W	Clear	46 65				Showers, splendid rainbow.
26 Frid.	46 58 56	29.25	29.31	29.32	N W	Clear	51 68				
27 Satur.	45 72 66	29.30	29.22	29.21	N W	Clear	41 70*				
28 Sun.	54 60 44	29.21	29.24	29.32	N E	Clear	52 59				Cherry trees in blossom.
29 Mon.	44 49 44	29.50	29.59	29.53	N E	Rain	44 51				
30 Tues.	43 52 54	29.37	29.30	29.30	N E	Cloudy	41 54				

The month of April has been milder and more pleasant than has been known for many seasons. Thirteen days the thermometer has risen above 60°, and three above 70°. The highest has been 73, the lowest 28. It has been below the freezing point but three days during the month. The range of the barometer has been from 28.73 to 29.73.—The plants and trees named are on the hospital grounds, and none others will be noted. Following this rule, we may compare the different seasons accurately.

* It will be observed that the register thermometer does not always rise as high as the other at 2 o'clock. This is owing to its location—it being on the north side of the hospital building, where the sun never reflects. The others, from which the first columns are made, are on the east and west sides.

To CORRESPONDENTS.—Dr. Hitchcock's report of cases is on file for insertion.

MARRIED.—In Boston, Dr. J. M. Warren, to Miss Ann A. Crowninshield.—At Ithaca, N. Y., Dr. L. Hermance, of Auburn, to Miss Sarah Ferris.

Whole number of deaths in Boston for the week ending May 11, 29. Males, 14—females, 15.

Of consumption, 7—scarlet fever, 2—infantile, 2—stoppage in the bowels, 1—cramp, 1—croup, 2—lung fever, 1—spasms, 1—drowned, 2—gastritis, 1—dropsy, 1—old age, 1—fits, 1—puerperal fever, 1—liver complaint, 1—stillborn, 5.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Seventeen gentlemen have entered this school since its commencement in September last.

Boston, May 1, 1839.

2am6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his impressions, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage."

"New York, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston.

M 20.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lycep

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MAY 22, 1839.

No. 15.

DR. COMSTOCK ON SCARLET FEVER.

[Concluded from page 218.]

WE have mentioned the acetate of lead as a remedy for intestinal hemorrhage. But in a bleeding from the nose or any other part, we also rely much upon it, and have for more than twenty years used it; and never have we had it produce a symptom of painter's colic. But we always, as a preventive, combine opium with it, which in no case can be safely omitted. It is said by Dr. Stokes, of London, that the only instances in which he has known it act as a poison, were when it has been applied externally. Now it might be well to combine it with laudanum or *acetum opi*, even in thus using it. As to our infant patients, we may sometimes find it expedient to apply it to the bowels, when we cannot, from their resistance, administer it by the mouth. A solution with laudanum is then most eligible.

This may also be necessary in *diarrhœa*, of which we now proceed to treat. Carbonic acid gas, and sulphuretted hydrogen, are undoubtedly secreted by the mucous membrane of the intestines, to answer the purpose of aiding in the solution of solid food, and producing the peristaltic motion. But in excess they may be injurious, and give rise to *diarrhœa*, or tympantitis, or both; in which we have no better remedy than acetate of lead combined with opium and prepared chalk. But on the other hand, their secretion may be defective, when solid food may become injurious because its proper solvents are lacking. In which case, and as a general rule, it is safest to restrict our patient to a liquid diet. The over-secretion of acidity, giving rise to green dejections, is better corrected by prepared chalk than by magnesia; for the latter, probably by its meeting in the bowels with sulphuretted hydrogen, certainly sometimes distresses infants. When the bowels are decidedly tympanitic, an over-secretion of those acid gases, together with a diminished secretion of bile, are to be sought for as the cause. We have in rhubarb a deobstruent bitter which is adapted to such cases. This, with the *pulvis hydrargyrum cum creta*, are our best general remedies. And if any preparation of opium is indicated, Dover's powders, in small doses, are the best.

Blistering the abdomen, and the application of calomel to the blistered surface, deserve high commendation. If there be tenderness and pain, denoting inflammation, a few leeches may be applied. But if the pain arises from distention only, they will do harm. Rubbing the part with spirits of turpentine is a good substitute for blisters. Injections of the

same are useful in the bowel complaints of children ; also carminatives, especially aqua mentha. Whether spirits of turpentine be or be not an antiphlogistic remedy, its character is well established for curing inflamed surfaces. So sugar of lead is adapted to all hemorrhages, whether active, passive or traumatic.

Aphtha or thrush we have seldom seen in scarlatina. But it sometimes occurs, and is a mark of such an exhausted state of the system as to indicate great danger. We were called to a child of five years old, who had been very ill for five weeks, in which aphtha was one of its many morbid symptoms. Astringents may be locally used in such cases ; still the good they do, if any, is local. A general tonic invigorating course of treatment will alone do permanent good. This child had been bled in the first stage, and finally failed. Aphtha is much easier prevented than cured. The tendency to such a result must be kept in view from the first attack. We have not known it when any of the preparations of cinchona were early and adequately used. It is not very easy, in every case, to distinguish aphtha from what is popularly called canker, and both may exist at the same time ; and both require astringents, tonics, detergents and demulcents. As the disorder is not confined to the mouth, but descends into the œsophagus and bowels, we must be careful to exclude all irritating ingesta. Milk, combined with a solution of catechu, sweetened with the purest white sugar, offers a remedial diet drink of much efficacy.

We have seen magnesia and rhubarb recommended. But we prefer the tinct. of rhubarb with saffron of the London College, and prepared chalk, to magnesia. The tinct. of rhubarb with cardamon seeds we would reject, owing to the acrimonious quality of the cardamon. If diarrhœa attend, a powder of creta ppt. 4 grains—acetate of lead 1 grain—pulv. opii 1-8 of a grain, intimately mixed, affords an efficacious remedy. It is to be given in simple syrup. And here it may be observed that in all the bowel complaints of infants and children, purified white sugar should alone be used. Brown sugar, molasses and honey, are to be rejected.

The sudden attack by scarlet fever of persons in apparently perfect health, is a physiological phenomenon, philosophically very striking ; we mean when taken in connection with black stools, copious eruption, and the rapid issue of gangrene. It would seem impossible for such rapid deterioration to take place in three days, or even less. We must then conclude that the morbid materials exist before they act, and that a sanative tendency in the system resists the morbid impression for a while, but is compelled at last to yield to the superior force of the enemy, when that force is fully concentrated. Local disease arises from constitutional affections—and systematic from causes purely local.

A man, having suffered for twelve or fourteen years the extremity of pain, had a respite of three years, when an attack of his former excruciating agonies carried him off in three weeks. Yet that in these three years the same causes were in existence, which occasioned so much distress for the fourteen years before, and killed him at last, was proved by *post-mortem* inspection ; for a large stone was found in his bladder,

the nucleus of which must have descended from the kidney, as the ureter was dilated so as to admit the finger, and one of his kidneys was entirely disorganized.* The *archeus* of Helmont was the *anima mundi*, or *vis plastica*, of the old philosophers, the *vis medicatrix* of Cullen, and the *natural cure* or *sanative tendency* of all those who wish to be clearly understood and not misled by technical phrases. It is this principle which resists death and aims at the restoration of health. The denial of such a principle seems to have proceeded from its having been too much extolled, and called *divine*. For that a divine energy should be overcome by disease, and permit the human frame to suffer, and finally to be destroyed by death, seemed mysterious. *Adjectives* have caused more disputes and acrimony in the world, when used to laud too high, or sink too low, than all language besides.

The chicken-pox pustules, which sometimes appear after scarlet fever, were called *scarlatina variolodes* by Sauvages. They do not very much resemble either smallpox or chickenpox, however, usually being somewhat larger and without purulency, and only filled with flatus.

Emetics act as stimulants to the whole system. Hence their propriety in those cases which require evacuant stimulants. And hence their impropriety in diseases very highly inflammatory, until after blood-letting. Such, however, are seldom if ever found in scarlatina.

In those cases which have a difficult breathing from the beginning, there is a tendency to croup; one disease of the throat and respiratory organs being prone to run into another. But even in such cases there is risk in bleeding much. Leeches over the trachea are safest, if bleeding is decided on. These are to be followed with a full emetic of antimony, or turpeth mineral. Then a full opiate is to be given; and then the outside of the throat is to be inflamed by rubbing on aq. ammonia, with camphor and alcohol, in mixture—or spirits of turpentine—or liniment of ammonia, which consists of olive oil two parts, aqua ammonia one part. Some prefer applying tobacco to the throat. The throat itself is not to be blistered, but an emplastrum cantharides between the shoulders is never to be omitted. If leeches do not draw a sufficiency of blood, the temporal artery may be opened. Flannel wrung out of hot water may be applied to the throat and upper thorax.

Dr. Good and Dr. Perceval thought putrid sore throat and scarlatina the same disease, because, as they believed, they both proceeded from the same contagion. Dr. Withering, who considered scarlatina to be inflammatory, still held that it was utterly improper to let blood in it. But he would give repeated emetics. Like other malignant epidemics, it simulates the action of narcotic poisons, in which the arterial blood sent to the brain is accelerated, and the venous blood coming thence retarded. Alcohol, which may be classed among the narcotics, presents the like phenomena. Hence emetics are indicated in each of these predicaments.

There is one view relating to contagion, which we will notice, as we

* A water-melon seed in the trachea of a child, displayed its effects only in paroxysms of suffocation threatening death. In the intervals the little fellow was at play about the room. See a case by Dr. Wells, in the American Medical Journal, No. XIX., page 28.

have thrown off the shackles of theory and are only anxious for truth. If the several names at the head of this article, and others which we have not enumerated, point only to one disease—if it appears sometimes in points, sometimes in blushes, sometimes in patches, and sometimes in one uniform mahogany-colored surface, and sometimes without any of these, but in the form of a malignant throat distemper only—and if, as Dr. Darwin says, it appears in all *degrees of virulence, from a flea-bite to the plague*—many may have had it without scarce knowing it at the time, and with so little suffering that they and their friends may have forgotten it entirely. This is one view which I have taken in relation to its apparent non-contagiousness. But then, on the other hand, its spontaneous origin presents an impenetrable barrier. For if it can be once proved that a disease originates spontaneously, which in this disease it can be, then there seems no possibility of proving that one member of a family takes it from another. Contagion is a modern doctrine, Sydenham never once hinting at the contagiousness even of small-pox. A character, who for minute observation the English physicians think cannot be equalled in the known world, did not perceive that small-pox was contagious!

As four drops of ol. tiglia, rubbed around the navel, may be used in order to produce catharsis in adults, half the quantity may be applied for children, and one drop for infants. In a disease in which we find such extreme difficulty in administering medicine by the mouth, nothing is more necessary than to be apprised of the various substitutes which art affords. Rubbing a saturated solution of tartarised antimony into the inside of the arms, and inside the ankles, may be noticed as having the specific effects of the article, and a slight rubefacient effect on the parts.

We have referred to cold sponging the surface, as a means of counteracting (when combined with antiseptics) the putrid tendency, as well as to cool the fever. We can say nothing in favor of cold aspersion or dashing the whole body. We prefer sponging, and partial sponging only, as to the head, neck, breast, and palms of the hands. That the more extensive application of cold water may give relief for a short space, may be true. But then the future consequences ought to be well weighed by those who have the daring temerity to recommend or resort to it.

When this disease first invades a family or town, the prospect of recovery is less in those who are first seized than in subsequent cases. It would seem that its severity is thickest and heaviest in its front; which being afterwards diluted, so to speak, falls in a less acrimonious and appalling form on the many. It would seem, also, as if the powers of nature to resist disease increased after numbers were affected. For if death ensues, they do not succumb so soon.

We must sometimes alter a plan of treatment, which, upon reviewing, we cannot see but is entirely scientific and appropriate—and for no other reason than because it has not been successful. He is the greatest general who can the most speedily draw his army, and concentrate their force, to any given point. He is the most powerful speaker who can

recollect all that he should say when he rises before a court, an assembly or jury—who omits nothing, nor wastes nor weakens by redundancy. And he is the greatest physician who can the soonest relieve the symptoms and remove the causes of the suffering patient before him. An able general and an able physician call on their *reserve* only in time of need.

When scarlatina runs into its chronic stage, we shall find a train of perplexing symptoms, and such a state of debility as will require all the resources of art to rally the system. But here analogy must be called to our aid. Specific diatheses are lost, and extreme exhaustion presents much the same phenomena, let the preceding disease have been what it may. Stimulants, the most powerful and seemingly the most appropriate, will sometimes fail, and a favorable turn will be given to the disease of the almost dying patient, from some unlooked-for source—from contrariety instead of probability. I have often reflected with admiration upon a case of typhous fever in a young man aged 22 years, who had unceasing hiccups, wandering intellect, cold extremities, dilated pupils, small, frequent and feeble pulse, dry tongue, and in fact every sign of speedy dissolution. Notwithstanding that his physician had used opium, musk, camphor, blisters, sinapisms, ether, to the extent of 30 drops an hour, and hot fomentations of spirit and vinegar to the epigastrium, and punch to the amount of a pint in four hours—all without mitigating the direful train of symptoms—in fact, having exhausted all the usual resources of art in such cases, he seated himself by the bed-side of his patient, intending to find a favorable opportunity to apprise him of his hopeless situation. But he was very anxious to live, and asked, with emphasis, if no more could be done for him. The doctor replied that there was one remedy which he had not tried, but that it was a hazardous one and might expedite his death. But the sick man begged that remedies might be persisted in, however small the prospect of benefit. Ice was the contemplated remedy, given in substance. Ice was procured, it was broken into small pieces, and thrown for a short time into *warm water*, in order to melt off the sharp points and edges. Half an ounce at a time was the dose, which may be swallowed out of a table spoon with wine, gruel or lemonade. The patient took four ounces of the ice in an hour, drinking at the same time wine or *spirit whey*—having had warm fomentations applied to his abdomen and extremities at the same time. He was relieved immediately. His hiccups were suspended, and entirely ceased in two hours. But he continued the ice, as we are told, till he had taken nearly a pound. His recovery was speedy, and his cure complete. I ought to have mentioned that the stomach of this patient was very irritable, and that he vomited most of his medicines for three days before he took the ice—and that neither the effervescing draught, opium, nor any other medicine, allayed the puking or hiccups, until he took the ice.*

This case was brought to my mind whilst reflecting upon cold ablution in scarlet fever, which ought not to be used except under the limitations

* See New York Medical Repository for the full and excellent report of this case, by James B. Marcy, M.D., of that city. New Series, No. 1., Vol. VI., page 76. October, 1820.

before mentioned—the irritation and terror being likely to do more harm than its tonic and febrifuge powers do good, especially to children. But in the exhibition of ice we have a powerful agent to produce vigor and tone, and at the same time to allay irritability and fever. And although Dr. Manley, in the case alluded to, entered upon its use with some apprehension, yet we consider it as immensely less hazardous than cold-water ablution, and as well adapted to that chronic state of debility, irritation, and vomiting, which sometimes perplexes us as a sequel of scarlet fever, as well as a cooling tonic febrifuge in its acute and primary stages. It may be administered to children in the fermenting decoction of bark, or in the imperial beverage already mentioned. The dose may be a scruple, increased to a drachm. General cold ablution never can come into common use, except in tropical climates. Ice given internally, and applied externally to the back of the neck and testicles, in epistaxis, and other hemorrhages, will display its excellence and command approbation by its effects. In delirium it may be applied to the head, enclosed in a bladder.

Post-mortem dissections of fatal cases of scarlatina have been very rare both in this country and in England, because the pathology of the disease has been less involved than that of most other diseases. A case, however, lies before us, reported by Dr. Blackmore, physician of the Public Dispensary of Plymouth, England. It was that of a little girl about three years of age, who unexpectedly died on the tenth day. The result does not change the views heretofore entertained, and herein laid down—viz., that we ought to keep in strict view the putrid tendency. There was stupor in the patient, but not profound, just as we have observed. The child's face was tumid and of a purplish hue—the fever was slight. An ulcer was seen, as we are told, before death, behind each tonsil. The dissection was forty hours after dissolution. The brain and lungs were engorged with black blood. There was 3 i-s. of bloody serum in the ventricles of the former. But no doubt the cause of death was owing to a gangrenous diathesis, as there was petechia, and the abdomen and legs were livid. We are also told that deep behind the tonsils, on the verge of the posterior nares, there were two large ulcers covered with very fetid matter, "*like soft, rotten cheese.*" There was no vestige of inflammation, and the writer inclines to impute the cause of death to congestion, or oppression of some vital organ. And we incline to impute this congestion, or oppression, to the tenderness of the minute vessels, induced by their near approach to putrescency, and probably occurring after death. So far as Dr. Blackmore could learn, this was the only case in which *post-mortem* dissection had taken place in England, nor do we now recollect a single one in this country.*

To conclude, we cannot but repeat that keeping the septic tendency of the disease in sight, and counteracting it, stands the fairest chance to prevent congestion and sphacelation, to counteract the fatal termination of the disease, to continue the patient in life, and restore him to health. Let emetics, calomel, counter-irritation by rubefacients, and especially

* This case, taken from the London Medical Gazette, may be seen in the Boston Medical and Surgical Journal, Vol. III., p. 320, No. 20.

the fermenting decoction of bark, with the nitro-muriatic acid, receive the attention which they merit.

Lebanon, Ct., April, 1839.

To the New-London County Medical Society, to which a part of the foregoing essay, in MS., was read at their annual meeting, April 11, 1839, and who were pleased to express their approbation by a vote of thanks, it is respectfully dedicated, by the

*AUTHOR.**

VALUE OF CREOSOTE.

BY ALFRED HITCHCOCK, M.D., ASHBY, MS.

[Communicated for the Boston Medical and Surgical Journal.]

Wound of the Trachea.—Mrs. Symonds, aged 40, on the 15th of May, 1838, in a fit of insanity cut her throat in a shocking manner with a razor. The wound was literally "from ear to ear," being between 7 and 8 inches in length. It was evidently made by several successive strokes of the instrument, from left to right, crossing the trachea a little below the thyroid cartilage; the right extremity of the incision terminating a little lower on the side of the neck than the commencement on the left. One of the rings of the trachea was entirely cut through, so that the point of the finger could easily be introduced into that tube. There were two or three other incisions into the trachea between the rings, of a size sufficient to introduce a common goose-quill. The external jugular vein on the right side was divided, where it crosses the sterno-cleido-mastoid muscle.

When I first saw the patient, less than half an hour from the accident, she was literally wallowing in blood, in a state of partial syncope, and respiration entirely carried on through the wound in the trachea. She was immediately removed to a bed, and the wound washed with cold water. One of the thyroid arteries bled profusely, and was immediately secured by ligature. The whole wound was then washed with a mixture of one part creosote to ten of water. All the hemorrhage and oozing of blood immediately ceased. The lower portion of the divided jugular had retracted into the cellular tissue, and was not sought for, fearing the admission of air. The upper extremity was patulous and slightly projecting. A dossil of lint, wet with the creosote mixture, was applied over the mouth of the open vessel, secured by compress and adhesive plaster. The incisions in the trachea were closed with fine silk ligatures through the cellular tissue on the cartilages. Several mutilated shreds of cellular tissue and muscle were cut away, and the whole wound closed with suture and adhesive strips. There was no return of the hemorrhage, and the wound was perfectly healed in a few weeks. For several months she could speak only in a whisper. She speaks audibly and nearly natural now, though not without evident effort to conceal her misfortune.

* In explanation of the above, it may be well to state that the essay was written expressly for this Journal, but being in possession of the author at the above-named meeting, part of it was, by request, read to the members.—Ed.

Wound of the Hand.—Mr. Sheldon had his left hand shattered by the bursting of a gun at a "sham-fight," October 13th, 1838. The whole integuments of the index, the middle and ring fingers, were blown off to within an inch of the hand, leaving the tendons and bones naked and broken. The first and second joints of the little finger were also denuded on the palmar surface. The metacarpal bones of the index and middle fingers were separated by a split two and a half inches in extent on the dorsal aspect, and reaching to the wrist through the palm of the hand. There were several other deep fissures in the palm of the hand, besides several smaller injuries and contusions; and the whole very much scorched and blackened by powder. The mutilated hand was cleaned as perfectly as possible; two joints and a half of the index, the middle and ring fingers were sawn off, and the integuments drawn down to cover the bones; and the whole hand washed with the creosote mixture. At the subsequent dressings an ointment was freely applied to the hand, composed of half a drachm of creosote to an ounce of simple cerate.

The hand suppurated and granulated kindly, and was perfectly healed in five weeks, without sloughing or any untoward symptom; although it was highly probable at the first dressing that there would be some sloughing of the contused tissues. The last part of the little finger was restored by granulation, and is now, though slightly curved, a very useful addendum to the unfortunate soldier's hand.

Incipient Gangrene.—Miss Wilder, æt. 23, was attacked in November, 1838, with typhous fever. The symptoms were urgent, and at times truly alarming for the first three weeks—intense gastric irritation and constant delirium. During the fourth week the disease seemed to yield, and something like a crisis occurred in the shape of profuse sweats and diarrhœa. Unexpectedly, however, two large spots of gangrene suddenly occurred—one on the lower part of the sacrum, a little to the right of the median line; the other on the left side, a little below and behind the trochanter major. About the same time, also, there was a tumefaction behind the trochanter major of the right side, which was eventually the point of profuse suppuration; a pint of pus being discharged at the first opening, and daily formations and discharges continuing for several weeks.

The undiluted creosote was applied several times daily to the gangrenous patches on their first appearance, and a plaster applied, composed of Burgundy pitch, opium, camphor, and oil turpentine, equal parts. The second day of these applications the progress of the gangrene was arrested, and the fourth day the line of separation was completely formed. The two patches were nearly circular, one of them two and a half and the other four and a half inches in diameter, and from one to three inches deep at different points after the sloughs were all removed. During the separation of the sloughs, which was tedious and difficult, they were dressed with the creosote ointment. The healing process proceeded kindly, after the separation of the sloughs, and in three months they were perfectly cicatrized.

At the first appearance of gangrene the patient took camphor, opium,

and carb. ammonia, in large doses, at regular intervals, and also the muriated tincture of iron. During convalescence, besides occasional doses of opium, she took two pounds of carb. ferri and one oz. sulphate quinia. When catharsis was indicated she took castor oil and turpentine. She now enjoys good health.

In the foregoing cases I am confident the creosote acted powerfully as a styptic and antiseptic; but whether my mode of combining it is the most proper, I leave for others of more experience to decide.

May, 1839.

A FŒTUS WITH TWO HEADS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take the liberty of reporting a case of singular deformity, which if you should think proper, you can insert in your Medical Journal.

On the morning of the 25th of April last, I was called to visit Mrs. D., in labor with her fourth child, about four miles from this village. I arrived about 1 o'clock, A. M., and found her in severe labor. She informed me her pains had been increasing for about two hours. On examination, after placing her on her left side, I found the membranes distended with their fluid; but I could not discover the fœtus by the touch. I avoided rupturing the membranes as much as possible, trusting to the fœtus to settle in the fluid, and suffered them to give way. The head on the right side presented, with the face to the os pubis. With some difficulty the head passed, but the labor did not propel it further. On further examination, I found the funis passing over the shoulder on the left side. In search for the shoulder, I found a hard substance, resembling a head, and soon discovered a union of the two. I succeeded in raising it, and by the assistance of a pain lodged it on the side of the neck of the first head, and in eight or ten minutes delivered my patient of a stillborn male child, that would weigh about twelve pounds, with two regular heads and necks, of the usual size, and with fair features. No difficulty with the placenta. Mrs. D. was in labor about one hour and a quarter after I arrived at the house. She is convalescing as fast as women generally do after severe labor.

The child appears broader across the sternum than children usually are. The necks are at a suitable distance apart, sufficiently so to allow each head to stand erect without interfering with the other. At the junction of the shoulders, in place of one or two regular arms, there is a straight, firm bone, of a conical shape, about five or six inches in length, apparently in a socket, base down, regularly articulated to the transverse spinous process junction of the two spines. There are three clavicles; the two lateral arms are in their proper position. There are evidently two spines extending to the os sacrum, and connected by the transverse processes of the vertebræ of the back. The lower extremities are natural.

I have stated the case briefly, as it appears from external examination. It seems to be similar to a deformed fœtus reported by Professor W. E.

Horner, of Pennsylvania, in the 8th volume of the American Journal of Medical Sciences, in 1831.

I have nothing further to add, unless I inform you that I invited one of my medical friends of the village to accompany me in the afternoon to examine the child. We succeeded in prevailing on the parents to permit us to take it and preserve it in a careful manner, for the inspection of the medical faculty. Your most obedient humble servant,

Orwego, N. Y., May 4th, 1839.

WM. BAKER.

DE FUNGO ARTICULARI.*

[Communicated for the Boston Medical and Surgical Journal.]

SOME time since a work upon this subject was received by us from Copenhagen, and which want of time has hitherto prevented us from noticing as it should be.

After giving, in his introduction, the opinion of a vast number of authors, among whom are Bell, Heister, Boyer, Lisfranc, Brodie, Scott, Russell, and, last of all, Rust, upon whom our author seems most to rely, and the majority of whose remarks he echoes, the following original opinion is adduced. "In this, as in all diseases, pathological anatomy affords the surest notions of their nature and seat; still the alteration effected by the disease, in and around the articulation, will prevent any certain inference being drawn from an examination of the limb, with regard to the nature of the disease. Another reason for obscurity is, that while the disease is common with us and in Britain, as well as Holland (in those regions where scrofula is endemic), it rarely occurs in France, Italy and Southern Germany, which accounts for its merely casual mention by Desault, Dupuytren and Larrey."

The first and second chapters are devoted respectively to the various names of the disease, and its respective divisions and species; passing by these, we come to one of the most important chapters—the third—"a description of the fungus articularis"—divided by the writer into three stages, and as near as possible we shall give his own language.

"When acute inflammation arises from external lesion, or any other cause, there is an expanded and tense tumor, with increased pain on motion or pressure; in a shorter or longer time the swelling and pain diminish, and the disease takes on a chronic form. If rheumatism be the cause, at the beginning of the disease we have swelling with a sense of heat, painful, rubescent, and often elastic, which comes on with the rheumatic fever, or some days after. In the course of eight or ten days the febrile and inflammatory symptoms cease, a cold, soft and fungous intumescence arises, and the chronic state results. But more usually the disease is chronic from its origin, and the first stage follows this order.

"At first there is complaint with a slight rigidity and swelling, covering the anterior surface of the knee, but not very prominent. Pain is either absent or slight; there is, however, inconvenience on motion, sensibly

* *De Fungo Articulari* dissertatio, quam ad summos in medicina honores inter publica solemnia ob ecclesiam ante trecentos annos apud nos reformatam rite obtinendos publice defendere conabitur auctor. Michael Djouep.

increased by flexion or extension. After resting some time, a sense of weight and debility is felt in the whole extremity, with increased sensibility. For the purpose of diminishing the pain, and also on account of the rigidity of the limb, the patient keeps it immoveable and curved, and walks, if at all, only on his toes, with the trunk inclined forwards, and his hand on the knee. The skin is unchanged in color or external appearance; the constitution is good, appetite unimpaired, and the evil is little thought of by the invalid or his friends. But Rust says there is in this stage a great depression of mind and languid appearance.

"If no occasional cause accelerates the disease, the symptoms may go on slowly increasing for weeks, months, and even years, before the *second stage*.

"In this stage the tumor increases in size and prominence, becomes soft and fungous, giving rise to a deep fluctuation. The softening is not always constant, but varying in degree; the cellular texture receives, but does not retain, the impression of the fingers. This spurious fluctuation is so marked, that it has been mistaken for a preternatural collection of fluid in the cavity of the joint. The form of the tumor is changed, and the region of the knee becomes round and globose. The popliteal cavity is swollen, but not in the same proportion with the anterior and lateral parts of the knee. The skin is so stretched by the increase of the tumor, that it cannot be folded, but becomes polished and shining, of a pale livid or rubescent color, not equally diffused, but as if striated by the capillaries seen through the cuticle.

"The pains are greater, more continuous, and confined to the knee; first attacking single spots, which are painful to the touch and hotter than the neighboring cuticle, extending to the whole knee, not only increased by touch and motion, but with nightly exacerbations preventing sleep. To this state of things gradually succeeds hectic fever, with prostration, loss of appetite, emaciation of the whole body, and especially of the limb affected, rather below than above the knee. The inguinal glands are not unfrequently swollen.

"Finally comes the *third stage*. Now the spots, before prominent and painful, become red or purple, and take on true softening and fluctuation by the formation of single small abscesses. The leg becomes œdematous, with pain in the interior of the joint. The abscesses at length discharge a thin, fœtid, bloody fluid, containing pellucid, flocculent and albuminous particles, like the matter of scrofulous abscesses. These never heal, but may become crusted over with fistulæ and ulcers, extending in various directions to a great depth, and at the bottom we find the capsular ligament corroded and the extremities of the bones denuded. The hectic increases, colliquative symptoms arise, with emaciation, depression and anxiety, and unless amputation be performed in season, death will ensue from this secondary cause. The lungs and mesenteric glands are often affected in this stage. In some cases the leg is kept in a flexed position and cannot be straightened, yet sometimes the very reverse is the case. The length of duration of the disease varies from a few weeks to fourteen or fifteen years; usually chronic in its course, several months or even years may elapse before it comes to a crisis. In

the first stage it may for a time seem to recover, but will eventually relapse."

Having thus allowed the disease to run through its three stages, the advantages to be drawn from pathological anatomy will be very small; and in fact the author, notwithstanding his assertion in the former part of the work of its importance, draws no new inference from what he sees, and sees no more than all those, to whom he refers, have seen before him. He does, however, say, that "because the knee is more exposed to this disease than the other articulations, and because this articulation is surrounded by aponeurotic membranes and much cellular texture, therefore we may conclude that its primary seat is in the soft parts without the joint." And in a succeeding chapter, "from what has been said it must be seen, that fungus articularis, if not always of scrofulous origin, is more frequently owing to this cause than to rheumatism." With regard to the prognosis, notwithstanding the remark extracted from a prior chapter, he says, that "the disease can be entirely cured, if it is in the first stage, and if the conditions which favor scrofulous cachexia can be removed"—truly a most righteous conclusion, and, like much medical and surgical logic, amounts to this, that the disease can be cured by removing the causes. "A perfect cure can scarcely be expected in the second stage, but when the body is not too much prostrated our indication is by suitable medication to prevent its farther progress; partial ankylosis may take place, but never complete." "In the third stage the only remedy is amputation, which is often performed without success, the invalid being obliged to succumb to the bectic."

"Let us neglect the general treatment, which of course is antiphlogistic, and have reference only to local treatment. Perfect rest is requisite during the inflammatory stage, but when this yields and rigidity of the limb remains, motion may be allowed to prevent ankylosis, to be desisted from on the slightest pain. General depletion not so convenient as local by leeches, varying in number and times of application according to age and habit of the patient, &c. In my opinion, cupping occasions more pain and topical irritation, and therefore must give place to leeches. In case of topical inflammation, besides local depletion, cold fomentations of water mixed with vinegar, lead wash, &c.; if the inflammation be sub-acute and chronic, mercurial inunctions are without doubt best suited—so mild that they can be applied for an hour at a time without causing salivation. When the inflammation has been subdued, iodine or its compounds will be found of great benefit."

When, notwithstanding these remedies, the disease runs on to the *second stage*, then, in addition to powerful internal resolvents (always having regard to the general health of the patient), those external remedies are to be employed which favor the absorption of the preternatural deposit, and prevent further morbid secretion. "Among the most important of these means is vesication, either a perpetual one covering the whole tumor, alternate occupation of half the tumor, or, lastly, a continual succession of small blisters around the tumor. Too great irritation or febrile symptoms may, however, prevent their use."

"There are various other applications, such as cortex mezerii; or,

as Brodie recommends, a liniment of one part sulphuric acid to three parts of olive oil; issues between the head of the tibia and the fibula; setons, moxas; but, generally speaking, they increase the inflammation already existing. Turning from this point, we will now direct our attention to those remedies which promote absorption; and the first of these is the douche of warm water. It should be as hot as the patient can bear, and thrown from seven or eight feet, the width of the stream about that of the thumb. Fomentations of chamomile flowers or culinary salt, applied half an hour at a time, and three or four times in the day, are of great benefit; the vapor of warm water, too, electricity and galvanism, may also be tried, but are not usually of any real benefit.

"More recently compression,* by means of adhesive straps, has been attended with some success. After the use of all these remedies, however, there is apt to remain a rigidity of the limb, even if it does not go on to the next stage, to be removed by subsequent treatment calculated to remove ankylosis."

In the third stage amputation is the only hope of recovery to health. In Boyer's "*Traité des Maladies Chirurgicales*," directions are given when it should be omitted. Authors differ very much in what they consider a proper time for the operation, some being of the opinion that it should be performed early, and others delaying it till the very last moment. Excision has been tried, but with very doubtful success. Should amputation be objected to, of course the treatment can only be palliative, such as attention to the general health; narcotics, internal and external, if the pain is vehement, or emollients where abscesses have begun to form in the soft parts. Lisfranc has adopted rather a different course of treatment, and we will close by referring the reader to that author. L.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 22, 1839.

CANCER OF THE TONGUE.

AN operation of an interesting character was performed at the Massachusetts General Hospital, on Saturday the 11th inst. A man of middle age, who had long been accustomed to smoking, on being connected with a factory was forbidden to indulge in his old habit—probably on account of the danger arising from fire. He therefore, as a substitute, commenced chewing tobacco, and established the habit of always keeping the quid in a particular place in the mouth, by the side of the tongue. It was at this point of contact that the cancer was developed. The operation was adroitly performed, and the blood staunching by the application of the actual cautery.

Cancer of the Breast.—A second operation on the same breast was also

* A case recently came under the observation of the compiler of this article, in which the disease had reached the second stage before medical treatment was fairly resorted to. Great constitutional affection and much local disease were present, which were greatly relieved by the application of the starch bandage by Dr. Lewis. The case being still under treatment, the issue cannot be known.

performed upon a female. Two indurated glands were removed from the axilla.

Extract of Red Clover (Trifolium pratens).—At the Shaker village of Canterbury, N. H., this article has been prepared several years, and with the families of that community, and others, who have received decidedly beneficial results from its application, it has a high reputation. We are assured by Dr. Corbett that on ulcerated surfaces, deep, ragged-edged and otherwise badly conditioned burns, there is nothing to be compared with it. In connection with a peculiar soothing property which it imparts to an inflamed, irritable sore, it proves an efficacious detergent, and promotes a healthful granulation. As the process of making the extract is exceedingly simple, the material being abundant both in the field and by the way side, it is worth the immediate attention of general practitioners, from some of whom we hope to hear a good report of its medicinal virtues.

Rocking Truss.—Dr. Corbett's ingenious invention, which has been frequently mentioned with commendation in our Journal, appears to be making friends wherever it goes. Like its unpretending contriver, there is nothing particularly striking about it at first sight, but time shows it to be appropriate in affording that sort of relief which it is the office of such instruments to effect. They are on sale at Kidder's, corner of Hanover and Court streets, and are left with Dr. Leech, also, in Hanover street, who understands the application of trusses better, perhaps, than any other person in Massachusetts.

Preservation of Sight.—There is a professed oculist and aurist in London, whose name is quite familiar to the people of England, John Harrison Curtis, Esq. who has been exceedingly industrious for many years in placing before the public, plain, easily-understood essays on the best mode of treatment of some of the organs of sense, when partially diseased. His charts of the anatomy of the eye are unsurpassed for beauty of execution, and to the medical student, especially, are of immense advantage. The third edition of a duodecimo pamphlet, entitled "*Observations on the preservation of sight, and on the choice, use and abuse of spectacles, reading glasses, &c.*," is a very proper publication for those to peruse who begin to discover the approach of old age in a waning vision; and were it re-printed here could not be otherwise than acceptable to all classes. The writer shows a thorough and scientific acquaintance with the subject, which is an important recommendation. He deprecates the abuse of spectacles, in a way that is calculated to prevent a great evil, provided the reader is willing to be influenced by cogent reasonings and facts. About as many eyes are ruined by the premature use of glasses, as are benefited by them when absolute necessity obliges persons to resort to their habitual use. The treatise is for sale at Ticknor's, Washington street.

Dr. Mitchell's Address.—Notwithstanding our contemporary journalists are in advance of us in noticing this creditable performance—as soon as a copy was received, it was read, and with much satisfaction. The author seems to be a philosopher as well as teacher of his profession, and gives advice which is worth committing to memory by any one in the practice

of physic ;—it is an old inscription on the Continental money, viz., "*mind your own business.*" Should any one be influenced by this sage hint, he would be entitled to respect, since it is a virtue in these times, in the estimation of many, to do this part of one's duty.

Dr. Mitchell, professor of *materia medica* and therapeutics in Transylvania University, gave this discourse at the commencement of the late lecture term. It met the decided approbation of the class ; and it is creditable to their good sense and judgment that it was solicited for the press. It is due to the respectability of Dr. Mitchell, both as a gentleman and a professor, that a better comment should be made on the pamphlet ; but our apology is, that several articles have been kept so long from the pages for which they were intended weeks ago, that they must no longer be delayed.

Massachusetts Medical Society—Annual Meeting.—Instead of assembling at the Athenæum, as in past years, the fellows will meet at the Masonic Temple, Tremont street, opposite the mall, on Wednesday, May 29. h, at 10 o'clock, A. M.

Legislative Medical Committee.—It will be recollected that J. S. Bartlett, M.D., of Marblehead, petitioned the Legislature of Massachusetts, at their last session, praying that the charter of the Massachusetts Medical Society "may be declared void, and that he may obtain such redress of his grievances as the legislature can alone afford," &c. The business was referred to a select committee, and the memorialist and the agents of the Society were heard. Testimony—some of it of very little consequence, one way or the other—together with cross questionings by council, and a multitude of collateral things, twisted and twined to have a bearing on the controversy, are all elaborately detailed in the report of the committee, which has just been given to the public. The document will be widely circulated, and in reading it, various conclusions will be drawn. We are informed that Dr. Bartlett is making ready for the next meeting of the General Court ; in the mean time copies of the report may be procured by addressing the Secretary of State, Col. Bigelow, at the State House.

Medical Miscellany.—Dr. Elisha Huntington has been elected mayor of Lowell. A majority of the mayors of all the cities in Europe, as well as America, at the present moment, are believed to be physicians.—A young man of this city, accidentally wounded himself with a long-bladed knife, by cutting off the femoral artery, and bled to death before any assistance could be rendered.—The number of victims to accidents in the coal mines of Leige, within the last seven years, was 243, besides 83 wounded.—Cases of smallpox were brought in the steamship Liverpool, to the New York Quarantine Ground.—"The Doctor" is the name of a miserable little quarto-sheet herald of quackery, published at New York, edited by one Evans, of chamomile distinction.—There are seventy-one medical students attending lectures at the Maine School, at Brunswick—so says the catalogue.—A committee of the British Association for the Advancement of Science, has been appointed to consider and report on the instruments best adapted for assisting hearing in cases of deafness. The committee will receive instruments or apparatus designed for that purpose, to be sent, free of expense, to the care of Messrs. Taylor, Red Lion Court, Fleet street, London.

TO CORRESPONDENTS.—The communications of Dr. Sewall, of Washington, and of R. A. M., were received too late for this No. of the Journal.

MARRIED.—In Sturbridge, Ms., Dr. Wm. S. Saunders, to Miss Mary B. Bullard.

DIED.—At Williston, Vt., Dr. Jonathan Bassett, 49.—At New York, Dr. Lorenzo F. Warren, 27.—At Little Rock, Arkansas, Dr. Benjamin Kittredge, 45.

Whole number of deaths in Boston for the week ending May 18, 25. Males, 14—females, 11.

Of consumption, 3—dropy on the brain, 1—erysipelas, 1—scarlet fever, 7—teething, 1—old age, 1—pleurisy, 1—drowned, 2—inflammatory fever, 1—lung fever, 2—palsy, 1—disease of the heart, 1—apoplexy, 1—delirium tremens, 1—stillborn, 2.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, 29th inst., at 10 o'clock, A. M.

The annual discourse will be delivered at 10 o'clock, by Enoch Hale, M.D.

Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the Society's Room, Athenaeum Buildings, Pearl street.

M. 22—2w

S. D. TOWNSEND, Recording Secretary.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct. 31—eptf

MEDICAL STAND IN NEW YORK STATE.

A good location for a physician in a pleasant little village on the Erie Canal, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about \$1200. Name of the physician wishing to sell, and of the town, may be learned by application at this office—if by mail, post paid.

M 3—

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

NOTICE.

A PHYSICIAN in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable.

A 24.—eop6w

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, MAY 29, 1839.

No. 16.

EXTRAORDINARY TENDENCY TO THE FORMATION OF URINARY CALCULI.

BY THOMAS SEWALL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SALVADOR CATALANO, aged 72, a native of Italy, came to this country in 1805, in the capacity of sailing master. Soon after his arrival he was employed by our government, in the Navy Yard at Washington, as an inspector of ordnance. He had hitherto possessed a robust and vigorous constitution, and a remarkable exemption from bodily infirmity. About twenty years since, while at work in the yard, he received a severe blow over the loins from an iron bar. Immediately after the accident he felt a desire to void urine, and upon making the effort, discharged a considerable quantity of this fluid, mixed with blood. This was followed by severe pain in the region of the kidneys, attended with symptomatic fever; but after a few weeks' confinement, he was so far relieved as to return to his accustomed occupation. From this time he suffered more or less from weakness and stiffness of the loins, and from pain in the region of the kidneys, ureters and bladder, which occasionally extended down the thighs to the knees, and when most severe was followed by a swelling of the testes.

About four years from the time of the accident, having suffered for some days from an attack of acute pain travelling down in the direction of the left ureter, he discovered in his urine a number of calculi, about the eighth of an inch in diameter, ragged and angular. From this time he was induced to inspect his urine as it was discharged, and to filtrate it, and found that it yielded from a half to a full teaspoon of calculi daily. For one or two years he preserved the calculi thus collected, placing the product of each day in an apartment by itself. Within a few days I have examined his cabinet of calculi, consisting of several hundred parcels, which he preserves as a curiosity, and values above all price. From the slight examination I made, I should judge that each parcel contained from twenty grains to two drachms. They were obtained by first filtrating the urine, and then washing the residuum in several waters, so that a considerable portion of the finer part of the concretions were washed away, as he told me, with the dregs.

This patient still continues to discharge about the same amount of calculi as formerly, and from the account which he gave me, and from the specimens in his possession, I should suppose that the kidneys must

have elaborated not less than one drachm daily for the last fifteen years, amounting in all to a little more than forty-five pounds.

I have had no opportunity of ascertaining the chemical composition of this formation, as no analysis has been made; but judging from appearance, there is a difference in the constitution of the portions voided at different times, as they are somewhat various in color, as well as in texture and size.

For some years the habits of Catalano have been sedentary. He lives mostly on vegetable food, with a small proportion of animal broth, and takes a few glasses of gin and water daily. He also drinks freely of melon and flax-seed tea, and also elm and other mucilaginous diuretic preparations. But the article from which he derives the most benefit, is the Harlem oil, which he takes in doses of twenty-five drops every other night. This medicine, he assures me, not only acts as a diuretic, but prevents the formation of calculi of large size, and that when he takes it the most freely the concretions are voided in the form of sand.

I have regretted that this patient could not be placed under the inspection of Dr. Charles T. Jackson, of Boston, who has devoted much attention to this subject, as it seems to afford a favorable opportunity for ascertaining, by a series of experiments, the influence of medicine, and the different kinds of diet, &c. upon the formation and chemical constitution of urinary calculi.

Washington City, May 8, 1839.

CASE OF ACUTE HEPATITIS.

BY N. H. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case will fully illustrate the importance of keeping constantly in mind the old adage, "*nil desperandum*," and will also show the influence which calomel, in large doses, is able to effect over the diseases of the liver.

On the 28th of June, 1838, I visited John Foster, and found him laboring under a severe attack of acute hepatitis. He was a laborer of about 38 years of age, and previous to his illness he had been at work on the breakwater then being built at the entrance of Portland harbor. Three days before I saw him, he had received a hurt in the region of the liver, but still continued to work during the whole of one day, regardless of the injury. On the day after the receipt of the hurt, he was attacked with severe pain in the liver, accompanied with violent vomiting. The pain and other alarming symptoms continued to increase, and on the third day of his sickness, when I saw him, he was in the following condition. Every part of the surface of his body was literally as yellow as an orange; his countenance wore a bloated and deathly aspect; his pulse was exceedingly rapid, and so feeble as to be scarcely perceptible; the tongue was very thickly coated with a dark-brown fur; his bowels had not been moved since the receipt of the injury, and he was complaining of the most excruciating pain through the region of

the liver and back; the region below the liver was very much swollen, and excessively tender to the touch, and his back and whole system were so much affected that he could not bear the least movement, without crying out as loud as his now nearly exhausted powers of life would permit. Indeed, he appeared, in everything, like a dying man, and had already been given up to his fate by the attending physician.

Under these circumstances his case looked desperate indeed, and seemed to call for the exertion of something more than human skill to snatch him from the grave. At first I declined doing anything for him, looking upon his case as an irremediable one; but at the urgent solicitation of his friends, I consented to prescribe. He had already been bled to a great extent, and the region of the liver had been blistered. I therefore took no more blood, but ordered ten grains of calomel to be administered to him every hour, and hot fomentations to be applied to his side and back.

29th. I saw him again, and found him somewhat relieved of pain. Ordered the calomel to be continued, with the addition of ten grains of jalap to each dose.

30th. The calomel had not as yet operated as a purge; mouth a little affected. Ceased giving the calomel; ordered an injection, and gave a dose of castor oil, to which was added one drop of the croton oil. The next day, when I saw him, at two o'clock, P. M., he had had free evacuations from the bowels; pain in the region of the liver nearly subsided; and, indeed, he appeared better in every sense of the word.

From this time he continued to improve daily, and in two weeks he was able to go out. His skin, however, wore a yellow tinge a long while, it being more than a month before it assumed its natural color.

In this case more than an ounce of calomel was given; and it appeared to be the chief agent, the *magnum remedium*, although by some it may be called the *anceps remedium*, in effecting the cure.

Gray, Me., April, 1839.

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The use of tobacco, I perceive, is exciting some attention in the Journal. I should like to make a few remarks, and if I do not agree with those who as moral reformers proscribe it as a useless, disgusting and dirty practice, absolutely deleterious and destructive to health, it is not because I am an advocate for its use; for it is a very disgusting sight, whether from association, prejudice, or whatever other cause, to my eyes. But truth is to be followed, wherever it may lead us, and our sensibilities must succumb.

I have not had much experience as it regards clergymen, and the effects that tobacco has on the voice of public speakers. But I have had some knowledge of its use in almost all other classes in society; have used it myself in smoking, more or less, for upwards of thirty years; and though I have heard it proscribed by the more sensitive of

physicians and others, still I was not, and am not now, able to discover that its effects on the nervous or general system are so pernicious as many would have us to believe, and, among them, Dr. Woodward. I should like to believe that the effects are deleterious, for I do think it a very idle, unseemly and unsightly practice; and I hope Dr. Woodward will, in his promised communication, be able to prove that the use of it is hurtful. But while we see so many in the constant use of it, and apparently enjoying good health, it is difficult to believe that it militates against health in any considerable degree. Its first effects, we know, are powerful and dangerous, producing sickness, tremors, cold sweats, &c.; but after the system becomes a little accustomed to its use, it is constantly exposed to its influence without any sensible good or bad effects. That snuff affects the voice, will not be denied; but it is a question whether the *power* of the voice is affected, even by snuff. The voice takes an unpleasant sound, owing to the nasal passages, as I view it, being thickened and closed, by the continued stimulus of the snuff.

It does appear to me, so far as my observation has extended, that the class of people who use tobacco, in chewing or smoking, are the most robust and healthy part of the community. None chew and smoke more than sailors, and certainly they are a hardy and robust class. Many elderly women are confined to their pipe as to their food, smoking regularly after every meal, and live to a good old age.*

A word with respect to its leading to drinking. I am inclined to the opinion that drinking leads to smoking, rather than the reverse. The cigar is used to while away the time till another glass is wanted. They are so far connected and associated. But the use of tobacco calls moisture into the mouth, and would therefore seem to preclude the necessity of frequent drinking. Chewers and smokers spit a great deal, and it is this effect of the tobacco that is the most disgusting; although I know many who do not spit at all, but swallow all the increase of saliva made by the tobacco, and apparently without any of the specific effects upon the system.

R. A. M.

Topsfield, Ms., May 15, 1839.

LOSS OF VOICE AND HEALTH IN CLERGYMEN.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

My father was a Congregational clergyman, and from that circumstance I had an early knowledge of many of his brethren in the vicinity. From fifty-five to sixty years ago, I well recollect a neighboring minister who had lost his voice, so as often to be unable to speak above a whisper. He continued to preach, but his efforts were very disagreeable to

* I knew several men who have constantly a cigar in their mouths, excepting only when eating, sleeping, or at church, and they are evidently the most perfect specimens of health, vigor and energy; and they are abstemious, so far as all intoxicating drinks are concerned. So far as my observation extends, those and those only who are in health use tobacco. It is loathed in sickness, and I have thought that one of the surest symptoms of returning health, was a relish for the accustomed quid or cigar.

all but his own parishioners, who were accustomed to hear him. The difficulty was said to be the result of ill health, which he experienced in his early ministry. He was well when I knew him, however, and lived to be upwards of seventy years of age, preaching till within a year or two of his death. He was of a convivial turn, quite a smoker, and indulged full as freely in flip and toddy, as was compatible with his dignity and character, at that day.

More than thirty-five years ago, I knew a Baptist minister, who lost his voice so as to speak only in a whisper, during a state of ill health for a year or two. He afterwards recovered both health and voice, and died of an acute disease, perhaps fourteen years since.

I mention these cases, and have an indistinct recollection of some others, which go to show that loss of voice, though more frequent within the last twenty years, was not unknown among clergymen at a much earlier period. In one case, at least, tobacco was not a preventive.

Half a century ago, most of our clergymen labored some, particularly in the time of getting hay. Nearly all made their gardens and cut their wood; and several of them did considerable towards cultivating their own small farms. Their parochial duties were comparatively light; they seldom preaching more than two sermons a week; and from the composition of these they were frequently relieved, by exchanges about once a month, or oftener during summer. Most of them smoked tobacco, and some of them chewed. I recollect but one old minister who took snuff. They all drank cider daily, and when fatigued generally took some flip or toddy. Very few of them, if any, however, were in the habit of drinking ardent spirit daily. That refreshing drink, small beer made from malt, was considered as being nearly as necessary as bread, in a family. Thus they frequently led very quiet and regular lives, without being exposed to intense excitement of mind, or over fatigue of body. On the whole they were probably as healthy, and lived as long, as most other classes of the community. My own father lacked only about two months of being eighty-eight years old, when he died.

Within the last twenty years, it would seem that clergymen, in about equal proportions in our different denominations, have been breaking down by scores, and more particularly, as respects their voice. I have been more familiar with these cases among the Methodists, Episcopalians, and Congregationalists, though I presume there is a proportional number among the Baptists.

There have been some very striking changes in the condition of most of the clergy of New England, since the commencement of the present century. In the first place their duties are much increased, public opinion requiring of them, in most places, much greater exertion than their predecessors commonly made. The religious meetings, benevolent associations, societies for promoting various objects, and new organizations of almost every description, are perhaps ten times as numerous as they were forty years ago. To say that four times as many sermons and addresses are now delivered before a given population, as was formerly the case, would be an estimate probably much below the fact. Besides these additional labors, the habits and manner of living, of very many

clergymen, are essentially changed. Few now have either leisure or land to enable them to attend to agriculture. Most of them have renounced tobacco. When they are fatigued, the slow process of self-restoration is adopted, instead of the expedient of more suddenly reviving the exhausted powers of the system by the diffusible stimuli. Alcohol in all its forms is proscribed. Few use wine, and most even dispense with cider. Many families have dropped the use of coffee, some of tea, and a considerable number have materially lessened the quantity of animal food. Malt beer, that ancient, harmless beverage, is scarcely known.

In these great changes, in duties, labors, habits, and manner of living, to my view, there is nothing strange in a proportional change in the quantity of health, for the better or the worse. And since in ministers the organs of speech are the most fatigued, and debilitated from over exercise, it is no wonder that they soonest give out. A few may keep up under almost any kind of fatigue and hardship; but a considerable proportion, under such exertions, and such a change of their early habits and manner of living, must prematurely break down.

The principal cause of the frequent removal of ministers, at the present day, is obviously the same. In three-fourths or nine-tenths of the instances, they are dismissed from their people at their own request, and not from any dislike of their parishioners. They find it impossible to compose two new sermons a week, while they are employed in so many other contingent labors. They must occupy a new field, where they may avail themselves of their old manuscripts. In this movement, however, they often do very little more than "change the place, but keep the pain." That these changes do not effect much, is evident, because among the Methodists, who rarely are stationed more than two years at a time in one place, there are as many invalid ministers as in any other sect among us.

With respect to diet and regimen, though I think I have known many victims to starvation and cold water, I shall now say nothing. The greatest difficulty is, the clergy, as a body, labor too hard and too much. If the spirit of the age actually requires such excessive ministerial duties, the only remedy is to follow the example of the Catholics, and increase the number of ecclesiastics, to lighten their individual labors and burdens. In fact, our puritanic ancestors had more than double the ministers of the present day, in proportion to their population. Almost every small congregation was provided with its pastor, and its teacher, while the ruling elders did many of the duties now performed by the minister.

When we consider the excessive labors, in particular places, which ministers either assume or have imposed on them, in certain seasons, the great wonder is, not that so many, but that all, do not break down, and leave their flocks destitute of pastors. At such periods, too, there is generally an ultra temperance, by which the exhausted body is further debilitated by a diminution of nutritious food, and a disuse of every kind of generous drink. Even tobacco, which is such a great solace to the sailor and soldier on fatigue, is proscribed.

Such is the outline of my views upon the principal causes of loss of voice, and of the derangement of health, in modern clergymen. I may be mistaken in my opinions. It is not my wish to wound the feelings of any man, or to speak lightly of the movements of any conscientious body of christians. I would merely state the more prominent facts, as they strike me, and submit them to the consideration of the wise and prudent, wishing myself that my ideas may have no weight, if they are found not to deserve it, upon mature deliberation. SENEX.

May 18, 1839.

COUNTER-IRRITATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I wish to inquire, through your Journal, if any physicians of the U. States are known to have made trial of Granville's plan of *counter-irritation*; and if so, what have been the results. If one may believe him, he has been wonderfully successful; and if the 100 cases which he reports are true, then his *antidynous* lotion is an invaluable remedy. I wish further to inquire if ammonia, such as Dr. Granville uses, is to be had at the shops in Boston. He says it is more than three times the strength of the ammonia of the London Pharmacopœia. Can such ammonia be obtained in your city? and can we likewise procure distilled spirits of rosemary, prepared according to his directions, as given in the London Lancet of October last, and copied into the December No. (17) of the American Medical Library and Intelligencer? If so, where may these articles be found?*

Most respectfully yours, &c.,

St. Johnsbury, Vt., May 2, 1839.

CALVIN JEWETT.

OPHTHALMIC REPORT.

First Annual Report of the Ophthalmic Cases treated at the Northern Dispensary, New York, under the charge of Drs. Blakeman and Wallace. Reported by Dr. Wallace for the Boston Med. and Surg. Journal.

1. Diseases of the Anterior Membrane	{ Pterygium - 1 Strumous ophthalmia 24 Inflammation, 1. Catarrhal 80	6. Crystalline Lens	{ Cataract (lenticular) 3 Glaucoma - - - 3
2. Conjunctiva vera	{ do. 2. a Granular 21 do. 3. b Villous - 5 do. 4. c Pale oedematous 5 do. 5. d Pale granular 1	7. Retina	{ Amblyopia - - - 9 Amaurosis - - - 4 Hemeralopia - - - 1
3. Sclerotica	{ do. 3. Of new-born children 2 do. 4. Gonorrhœal - 1 do. (1) 5. Catarrho-rheumat. 10 do. (2) Rheumatic - 1	8. Adjusting Apparatus	{ Myopia - - - 2 Presbyopia - - - 1 Tinea - - - 17 Inflammation from measles 5 Warts - - - 1
4. Cornea	{ Inflammation, strumous - 1 Cicatrices and effusions - 10 Injuries - - - 14	9. Eyelids	{ Abcess - - - 1 Stye - - - 7 Burns - - - 1 Tumors - - - 6
5. Iris.	{ Inflammation, 1. Rheumatic 1 do. 2. Strumous 1 do. 3. Syphilitic 1	10. Lachrymal Apparatus	{ Epiphora - - - 3 Fistula - - - 2 Mucocœle - - - 1

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The strumous cases readily yielded to the nitrate of silver as a local

* On inquiry, it has been ascertained that both articles may be had of Brewer & Co. druggists, No. 23 Washington street.—Ed.

application, and Lugol's solution of iodine, preceded by an emetic, taken inwardly.

The contagious ophthalmia is an obstinate disease, and there is much room for improvement in its treatment. Of the numerous remedies which were tried, the sulphate of copper, aided by the internal exhibition of blue pill, was the most beneficial.

During the wars of Napoleon, the disease was brought from Egypt to England and France, and the disabled soldiers scattered over these countries, where it existed for some time, before its nature and method of treatment were discovered by Sir William Adams. Some ten or twelve years ago, by order of the British Government, their pensioners, among whom were many afflicted with this disease, were permitted to commute their pensions for lands in Canada, and a sum of money for outfit. As soldiers are not usually fond of labor, it is probable that some of them found their way to this city, and were admitted to the almshouse. At any rate, about that time the disease was disseminated with frightful rapidity; one of the surgeons lost an eye, and many of the children became totally blind. After the severity of the disease abated, it assumed a milder form, having for its characteristic, villosity of the eyelids. This obstinate disease prevails to a great extent in public institutions. The new comers are soon affected by washing in the same water, using the same towel, or applying the water in some other way; and as the disease is seated beneath the upper eyelid, where it is not seen, the guardians of the poor will not be convinced of the nature of the complaint. From these institutions servants are frequently taken, who disseminate this variety of ophthalmia even amongst the highest in society. I have seen a severe case occasioned by washing in a barber's basin. I have also known it to be communicated to teachers of Sunday schools. These are pretty plain proofs of the necessity of public liberality in supporting medical institutions, and affording facilities for medical education.

The ophthalmia of new-born children, which is so fatal when neglected, we found to be very easily cured, by urging the necessity of cleanliness, and at our visits removing the acrid matter by syringing the eye with tepid water. Weak solutions of the sulphate of copper or zinc, or of the nitrate of silver, once or twice a day, were almost all that were necessary.

In the only case of gonorrhœal ophthalmia that presented itself, the eye was lost. The patient had contracted the disease by sleeping with a person affected with gonorrhœa. As he was not aware of the rapid progress of the complaint, four days were allowed to elapse before he applied for relief. At his first appearance at the dispensary, the cornea was about to slough from the strangulation of its vessels by the swollen conjunctiva. Though the most active treatment was adopted, the coats soon gave way, and the eye burst.

One of the cases of cataract was treated by entering the needle through the sclerotica, and breaking the lens *in situ*. Though the person was advanced in age, the diseased lens was soon absorbed, and with the aid of glasses he can now see the most minute object. Another

case was treated after Dr. Jacob's plan. One of the finest sewing needles that could be procured—a No. 16 sharp—was fixed to a handle and introduced through the cornea to the diseased lens, and the latter broken as effectually as possible. As much absorption has not taken place, the operation will require to be repeated. In private practice we have treated several cases in this manner with the most satisfactory result. Little or no inflammation follows the operation, and almost no skill is required in its performance. On the third patient it was not deemed advisable to operate.

The case of glaucoma afforded us an opportunity of being convinced of the utility of Sanson's method of examining the eye, and of appreciating Professor Mackenzie's opinion that glaucoma is not owing to partial opacity of the vitreous humor, as was supposed; but that the seat of the disease was the crystalline lens.

Having heard so much of the effects of veratrine, it was tried in a case of amaurosis where strychnine and other remedies had failed. The skin being removed from a blister on the temple, the powder was scarcely dusted on the surface when the patient screamed with acute pain. He danced about like a madman, and when somewhat appeased, though a full-grown man, he wept like a child. This is related as a caution.

The removal of tumors has been frequently effected by an ointment composed of a scruple of the iodo-hydrargyrate of potassium to an ounce of lard. This preparation produces counter-irritation by exciting a peculiar herpetic eruption, while at the same time the mercury and iodine of this very soluble salt produce absorption of adventitious matter. Its good effects have been experienced in discussing tumors in various parts of the body. A rather remarkable case occurred about three months ago. The patient, who was of a strumous habit, had received a blow on the temple about Christmas last. Shortly afterwards there arose on the edge of the orbit a swelling, which had increased to such a degree that in the month of March, when he applied, he was unable to open the eyelids. The tumor appeared to be exostosis; the probable consequences of which, in such a situation, seemed rather alarming. The ointment was applied every two or three days or as often as it could be borne, and in the course of six weeks there was scarcely a vestige of the complaint. This valuable addition to the *materia medica* was introduced to the profession by Dr. Channing, of this city, who published an account of it in the *American Journal of the Medical Sciences*, in 1833. Since that time it has been found in very many cases an agreeable substitute for the knife.

As was to have been expected, the patients have not been numerous. Perhaps another year may afford a greater variety.

May, 1839.

TEETH AND THEIR DISEASES.

[The following sensible and philosophical remarks are by E. G. TUCKER, M.D., extracted from a manuscript discourse.]

The fundamental error with regard to the preservation of the teeth

arises from the mistaken notion of the inorganic nature of these parts of the animal economy. The teeth, in their external physical appearance, resemble inorganic bodies, and the superficial observer can hardly be convinced that they possess *any*, still less a *high degree* of organization. By this term organization is meant the possession of an internal structure of parts, adapted to the performance of peculiar functions.

These parts, this organization, consist chiefly of minute vessels conveying fluids. Not the grosser fluids; not the blood in its totality, but its finer parts, and such probably as are adapted to the production and nourishment of the peculiarly dense osseous structure of which the teeth and their enamel are composed.

Thin lamellæ from the teeth of the largest quadrupeds have been ground down so as to be semi-transparent. They have then, when strongly illuminated, been viewed through microscopes of high magnifying power; and in this way, different orders of vessels have been abundantly demonstrated. Perhaps the question of the organic or inorganic nature of the masticating organs is seldom presented to the mind of the careless observer of nature as a distinct proposition. But they all proceed in their treatment of these organs as if they supposed them inorganic. The common language, too, used in speaking of their diseases, clearly points to such an opinion. Nothing is more common than to hear talk about rotten teeth; *the teeth never rot*. The experiment has been made of burying an extracted tooth in a heap of putrefying matter, and keeping it in that state for years. And it comes out as sound as it went in. The teeth rot if injured internally, just as your hand rots if you get a thorn in it; and the internal and still more highly organized —i. e., more nervous and vascular parts, are exposed to the influence of external agents.

The causes which lead to these morbid processes resulting in the decay of teeth, are not now fully understood. The Americans, especially American women, are to a certainty more subject to diseases of the teeth than the people of other countries. How far climate or the modes of living, separately or conjoined, may contribute to this effect, is not known. Those who enjoy robust health, seldom have the teeth extensively diseased. Such individuals now and then have a tug with the toothache, but when the offending member is "cut off," the trouble ceases; while others have the best years of their lives embittered by this scourge. In the present state of our knowledge, on this subject, our directions for the *prevention* of diseases of the teeth must necessarily be very general. It is not known that these diseases are occasioned by taking food or drinks, hot or cold, sweet or sour. Chemical agents indeed have little or nothing to do with the matter. A healthy state of the digestive organs is the only circumstance known to exert an influence favorable to the integrity of the teeth. The mechanical process of brushing the teeth daily should never be omitted, if the only object were cleanliness. It is, however, beneficial by preventing the formation of the vile calcareous crusts, called tartar, which surround the teeth, and sooner or later separate them from the gums and render them useless. But it is doubtful if the brush has any tendency to prevent the caries or internal diseases of the teeth of which I have been speaking.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 29, 1839.

PRESERVATION OF HEARING.

SUCK is the title of another of Mr. Curtis's pamphlets for popular reading, very neatly executed, typographically, and also on sale at Ticknor's, where medical books abound. A principal object of the author seems to be, to advise in relation to the choice and use of ear trumpets. In discoursing upon this topic, however, he surveys the whole field of acoustics, and throws much light on obscure and controverted points in the physiology of the ear. Although this treatise has run through eight editions, it is but a synopsis of a finished production on the same subject, of more voluminous dimensions, to be adverted to hereafter. As Mr. Curtis is a stickler for economy, he will be likely to find both friends and patrons in this country, where it is no easy matter for a man who earns but a dollar a-day, to purchase an ear trumpet of silver at a cost of fifty dollars. There is an error abroad in supposing that a tube constructed of the precious metals conducts the sonorous rays with more effect than one of iron or brass. Mr. Curtis says that "the cheapest and even the most unsightly trumpets are often the best; and a common tin one, of the value of half a crown, collects more sound and renders the hearing more acute, than the German silver ears which cannot be obtained, if properly made, under £25."

There is a miserable contrivance in many of the druggists' shops, fabricated of a spiral spring, coated with gum elastic, having an ivory trumpet at one end, and an ivory pipe to insert into the meatus at the other. The defect in this instrument is, that the tube possesses no advantages by being so long; in fact, it is a serious objection. Again, the gum elastic destroys, to a considerable degree, the vibration of the metal, and the aerial impulsions are therefore transmitted under modifications that enfeeble the action on the auditory apparatus within the labyrinth. And, lastly, another objection to the machine, is its enormous price, which places it quite beyond the reach of those in moderate circumstances.

Restoration of a Club-foot.—On Friday, the 17th inst., Dr. Brown performed the operation for club-foot, on a lady 29 years of age. The foot was drawn downwards and inwards, so that for this long period she had walked in extreme pain, on the top, instead of the sole of the foot. The weight of the body has been borne on the os cuboides astragalus and metatarsal bones of the small toes—producing over them a thickening similar to a heel. The operation was performed by dividing the tendo-Achillis, which retracted nearly an inch. The tendon of the flexor longus digitorum pedis was divided in the sole of the foot—and the tibialis anticus, where it passes the os naviculare. The operation was successful, the foot immediately brought nearly straight, and its position so changed that were the patient to stand, the pressure would come upon the sole of the foot. She is now doing well, and bids fair to have the perfect use of the foot which has been so distorted from birth.

Painful Affection of a Nerve.—In consequence of a slight injury, some years since, it is supposed by stepping unguardedly, a bright, intelligent little boy, at Charlestown, opposite this city, has suffered very frequently with intense and excruciating pain in a portion of the anterior tibial nerve of the left leg, about four inches above the ankle. No conception can be formed of the horrible suffering, at times, of this poor child. From a condition of perfect comfort, he is instantaneously thrown into a paroxysm of the most dreadful pain that it is possible for a human being to endure—and then, just as instantaneously, the pain leaves him. All this, however, is undermining a naturally good constitution, embitters his life with the gloomiest forebodings, and wears upon the fountain of sympathy in his devoted and excellent parents, who are indeed deeply afflicted—without having it in their power to offer a single palliative to their stricken child in these hours of distress. All the usual measures seem to have been pursued, as the advice of the most distinguished physicians and surgeons in this vicinity has been followed. Not long ago Dr. Lewis made an incision, divided the nerve, and even took a portion of it out, without materially diminishing the patient's agony. On dividing the fascia, however, transversely, we understand a sensation of extreme tension was removed from the point of pain—and he was supposed to have been made perfectly well by the operation. For several months he remained so, but the paroxysms have again returned with accumulated fury. What shall be done to give permanent relief? The suggestions of our correspondents would be gratefully received.

Valedictory Address of Dr. Beck.—At the close of the lectures in the College of Physicians and Surgeons of the University of New York, Dr. John B. Beck, the professor of Materia Medica and Medical Jurisprudence, delivered a discourse, which is characterized by that elevation of thought, which is one of the distinguishing features of this gentleman's productions. The students say, in their note, requesting a copy for the press, "it was resolved that a committee be appointed to present the cordial thanks of the class to you, for your masterly analysis and exposition of the necessity for mental discipline in the pursuit of medical excellence." It is laid up with our choice collection of native medical writings, with a hope that there will be an opportunity to republish some of it hereafter. Those who read the address carefully, will be both instructed and entertained by it.

A third Medical School in Philadelphia.—From the various articles in the papers, in connection with the manifestation of feeling by private correspondents, it is very certain that a third school has been projected at Philadelphia. Now the general objection raised against the project is this, viz., it is not needed, there being two already. But the friends of the scheme are indomitably persevering, and show so clearly that by creating facilities, the students will congregate there, in preference to all other places in the Union, that it is not at all unlikely a third school will receive a charter.

Acarus Scabiei.—Although engravings of the itch insect have been given in works of science, and the journals have teemed with minute details of its exact external conformation, the world is still full of doubters.

Dr. Gordon called upon us the other day with one of these mooted individuals—an almost invisible point to the naked eye—which he took the day before from a person who had been six months afflicted with the itch. It seems that a question arose amongst the learned in pathology, what ailed the man. Dr. Gordon suspected the true character of the complaint, and to put the matter beyond all question, detected under the skin, where it burrows, on the very margin of a vesicle, a genuine acarus. This he has exhibited repeatedly in a powerful microscope, which enlarges the mite to the size of a filbert, and which crawled about over a concave glass with an activity that surprised the spectators. On the whole, there is no animal form in nature so completely anomalous or disgusting—particularly when it is recollected that the human body is its appropriate home. The question is now placed beyond any further controversy—itch is caused by the presence of an insect, and is essentially local irritation produced by it. One reason why those who have been unsuccessful in detecting it, have not succeeded, was probably because they always examined the fluid, when, in fact, the acarus scuds under the skin, from place to place, always avoiding, it would seem, the locality where its depredations has caused the excretion of a fluid. Thus, by fleeing, as it were, before the fire that it has kindled, or rather the flood that is in pursuit, it propagates the malady extensively over the body.

Partial Sweating.—Dr. S. S. Marcy, of Cold Spring, N. J., relates a remarkable case of this kind, in the last No. of the American Journal of Medical Sciences—which No., by the way, contains a large amount of valuable practical matter. A man of temperate habits, who formerly suffered from fever and ague, has, for the last six years, been subject to profuse perspiration, altogether disproportionate to the exercise taken. When in a recumbent posture on one side, the sweating is confined to the upper half of the body and extremities, the under side being void of any moisture. On turning, the perspiration subsides on the side he has been lying on, and commences on the upper side again; the temperature remains natural. While in an erect posture, the sweating is confined to the left side—his face on that side sometimes being covered with pearly drops, while the opposite is entirely free from moisture.

Dropsical Child.—An unusual case of abdominal dropsy recently occurred, in Broad street, Boston, in a boy, nine years old. The operation of paracentesis abdominis was performed on Monday, May 20th, by Dr. Willard, of Charlestown, when seven quarts of limpid fluid were drawn off by a trocar. The patient was greatly relieved, and there is fair prospect of recovery.

Massachusetts Medical Society.—The annual discourse before the Medical Society this day, will be delivered by Dr. Hale, at 1 o'clock, P. M. The advertisement, last week, was printed as received from the Secretary.

Cause of the Loss of Voice in Clergymen.—We are in a fair way of having this question satisfactorily investigated by the most competent persons. Our readers are respectfully recommended to read an interesting

article in this day's Journal, which was prepared by a very distinguished professional gentleman who resides in a neighboring State. The coming week another paper, from our venerable friend, will appear, and also one written by Dr. Woodward, of Worcester. The subject has been taken up by the editor of the Southern Medical and Surgical Journal, and his remarks, which coincide, in the main, with those of Dr. Mauran, with a reference to several cases, will be copied into our pages as soon as we can find space.

Willoughby University.—A constant flow of prosperity seems to attend the medical department of this flourishing institution. Although the youngest in the series of similar schools, it is gaining character with a steady hand. One cause of the success has arisen from the persevering industry of the faculty, united to courteous manners and true kindness of heart towards those who seek instruction at the University. The catalogue for 1839 is on file.—It is of consequence to receive the last catalogue which has been published, from all the medical colleges in the Union, by July. Those wishing to announce alterations or intelligence of any sort, which will be of service to the faculty, to students, or the public generally, are earnestly requested to send to the address of this Journal seasonably.

Transylvania University.—We learn from the Lexington Intelligencer, that in addition to liberal donations from individuals, the City Council of Lexington, by an ordinance passed unanimously, has made a grant of \$70,000 to the University and its departments, of which \$20,000 are to be applied to the Morrison School, \$5000 to the law department, and \$45,000 to the medical department. Besides this grant, the Transylvania Institute has received a fund exceeding \$30,000 for the Academical department, which it is expected will be increased to \$40,000. A new and splendid edifice is to be erected immediately for the medical department, and a library and apparatus provided. For the library of the law department, purchases to the amount of about \$5000 are to be made.

Effects of Tobacco on Lobsters.—During the recent gales a large ship from Demarara, bound to Liverpool, was driven ashore on the Isle of Anglesea. The crew were saved by the life boat, but the ship soon went to pieces, and the tobacco, with which she was principally laden, was washed among the crevices of the rocks usually occupied by generations of lobsters; these took to *chewing* "the weed," and the next morning the beach was strewn with the poor creatures, some weighing 10 pounds, unable to crawl.

Preparations of Gold in Scrofula.—The preparations of gold have been recently employed by M. Baudelocque, at the Hospital of Sick Children, and by M. Velpeau at La Charité, in cases of scrofula. At the former of these two hospitals the preparations of gold have been administered in enormous doses. M. Baudelocque has given the hydrochlorate and stannate of gold, in doses of from ten to twelve grains, without producing any effect on the disease; and, what is still more remarkable, without any apparent injury to the constitution of the children submitted to experiment. The oxide of gold, prepared by potash, was administered in

as high as twenty grains during the day. At La Charité, M. Velpeau has given 16, 18 and 20 grains of the hydrochlorate and oxide of gold during the day. Higher doses were not tried, merely on account of the great expense of the medicine. The above results are curious, because the preparations of gold have hitherto been regarded as extremely poisonous. M. Orfila says that the hydrochlorate of gold is infinitely more active than the corrosive sublimate, and M. Devergie mentions that at the dose of one-tenth to one-twentieth of a grain it produces more or less inflammation of the gastro-intestinal mucous membrane.—*L'Experience*.

Medical Miscellany.—Drs. Charles M. Maxwell and Samuel Jackson are the Assistant Surgeons, and Dr. Thomas Dillan, Surgeon, of the Constitution, destined for the Pacific. Dr. J. M. Minor is Assistant, but Acting Surgeon of the Brig Dolphin, from Rio Janeiro, at New York.—Mr. Combe has had the compliment of a piece of plate, at New York, on the completion of his second course of phrenological lectures.—Assistant Surgeon J. B. Wells is ordered on duty at the Surgeon General's office. Dr. D. S. Edwards is to enter upon service at the Navy Yard, Washington, D. C.—A new medical board for locating a marine hospital on the upper waters of the Ohio, is in session at Pittsburgh.—Dr. Hogan, who wounded M'Ardle, in a duel, at Vicksburgh, formerly edited Duff Green's Medical Journal, in connection with Dr. Patterson.—Dr. William Parker, late of Cincinnati, has been appointed to the Chair of Surgery in the College of Physicians and Surgeons in New York, vacated by the resignation of Dr. A. G. Smith.—Dr. Alexander A. Vache has been elected Physician of the New York Almshouse.—The British National Vaccine Establishment have vaccinated, by their several appointed vaccinators, during the last year, 18,659 persons, being 6241 more than they have vaccinated in any former year. They have also sent out, to various parts of the world, 203,818 charges of lymph. They state, in their last annual report, their conviction that the lymph in use has not deteriorated, although it has passed through, since Jenner's time, as they very erroneously say, nearly a million of subjects *successively*.—Mr. Crampton, the celebrated Irish surgeon, has been raised to the dignity of baronet.—The operation of tapping the head for chronic hydrocephalus in a girl aged 13 years, who had been affected since birth, was lately performed at the South Dispensary, Liverpool; but the child died on the tenth day. The fluid evacuated was perfectly transparent and colorless, and amounted to eight ounces.—Some curious and apparently well-authenticated cases of embryotic influence are related in the late numbers of the London Lancet, together with a discussion on the subject at a meeting of the Westminster Medical Society.

MARRIED.—In Charlestown, Ms., John A. Briggs, M.D., of Newburyport, to Louisa N. Devens.—In Boston, Dr. Samuel M. Watson, to Miss Elizabeth M. Carter.—In Southbury, Conn., Dr. J. N. Northrop, to Miss Nancy Peck.—In Bristol, Dr. J. W. Camp, to Miss Lucy A. Brewster.—In New York, Dr. D. B. W. Camp, to Miss Fanny J. Fox.—In Litchfield, Conn., Dr. J. Q. Stearns, of New York, to Miss Louisa C. Judd.

DIED.—At Columbia, S. C., Dr. Thomas Cooper, 80.—At Needham, Mass., Dr. Isaac Morril, 91.—At New York, Dr. John B. Jaques, 65.

Whole number of deaths in Boston for the week ending May 25, 27. Males, 13—females, 14.
Of consumption, 3—intemperance, 2—apoplexy, 1—infantile, 2—fits, 1—scarlet fever, 5—lung fever, 1—hooping cough, 2—delirium tremens, 1—fever, 1—stillborn, 1.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, 29th inst., at 10 o'clock, A. M.

The annual discourse will be delivered at 1 o'clock, by Enoch Hale, M.D.

Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the Society's Room, Atheneum Building, Pearl street.

M. 22—Sw

S. D. TOWNSEND, Recording Secretary.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply

WILLIAM BROWN.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

Boston, May 15, 1889.

2am6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallest and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eptN—emtJy

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BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XX.

WEDNESDAY, JUNE 5, 1839.

No. 17.

MORTALITY OF INFANTS IN THE FIRST YEAR OF EXISTENCE.

BY PROFESSOR RAU, OF BERN.

1.—Comparative Mortality of Infants.

Of 2,808,139 deaths which took place in nine years, from 1820 to 1828, in the kingdom of Prussia, 751,077 were of children of one year old or less; that is to say, 26,944 in every 100,000. In Amsterdam, Paris, and in France generally, the proportion of early deaths is somewhat less formidable, as the following table will show:—

Of 100,000 deaths,		
In France, in 1822.	In Paris, 1818-21, 1826-28, (6 years.)	In Amsterdam, 1816, 1818-29 (13 years.)
10,116	13,456	12,353 were of children under 3 months,
6,726	1,815	5,334 from 3 to 6 months,
4,615	3,531	5,048 from 6 to 12 months.
21,457	18,802	22,735 were of children of a year or less.

Of 100,000 deaths,	
In Sweden, in 1821-25, (5 years.)	In Westphalia and Rhenish Prussia, in 1820-28, (9 years.)
22,453	21,727 were of children of a year old, or less.

The mortality of infants is less in Paris than in France generally, on account of the number of foundlings who are removed into the country directly after their exposure at the Hôpital des Enfants Trouvés: in the department of the Seine, in consequence of their thus being removed, the mortality is greater than in any other part of France.

From the above and other data, we learn that

26.69 per cent. of the deaths in Prussia are of children under 1 year.

21.72	.....	Rh. Prussia and Westphalia	...
21.46	.....	France	...
29.45	.....	Department of the Seine	...
22.45	.....	Sweden	...
25.54	.....	Courland	...
18.80	.....	Paris	...
22.74	.....	Amsterdam	...
22.00	.....	Philadelphia	...

According to Duvillard, of 1,000,000 persons born in France, 767,528 only attain the age of a year. In the level provinces of Russia, 211 out of every 1000 die before the expiration of the first year; in Petersburg, 311; in Berlin, 276; in London, 320.

Of the whole number of children born,

23.24 per cent. in Paris die before the expiration of the first year.

20.02 Sweden.

33.33 the Province of Kasan (in Russia).

21.10 Berlin.

25.6 London.

32.00 St. Petersburg.

31.1 Prussia.

17.6 Courland.

2.—*Comparative Mortality of the Sexes.*

Of the 751,077 children under a year old who died in Prussia in the nine years, 1820-28, 415,305 were boys, and 335,792 girls. In Courland, the proportion of male to female infants dying under a year old is as 53.1 to 46.9; in Friesland, as 55.2 to 44.8; in Paris, as 55.5 to 44.5. The greater comparative mortality of male infants is in some measure only apparent, inasmuch as far more male than female children are born. It has been observed in Friesland, notwithstanding the disparity of male and female births, that at the age of forty the sexes were equal.

3.—*Comparative Mortality of Legitimate and Illegitimate Infants.*

In Prussia, in the six years from 1826 to 1831, 17.56 per cent. of the legitimate children died before attaining the age of twelve months; and so many as 26.46 per cent. of the illegitimate. According to Ramon de la Sagra, the rate of mortality of the legitimate and illegitimate children in the isle of Cuba is as follows:

	White population.		Colored population.	
	Legitimate. per cent.	Illegitimate. per cent.	Legitimate. per cent.	Illegitimate. per cent.
In the first week	8.6	7.1	11.1	14.3
From a week to a mo.	2.6	6.5	4.4	5.0
From 1 to 2 months	1.7	2.8	2.5	2.2
From 2 to 3 months	2.7	4.1	2.1	2.2
From 3 to 12 mos.	11.4	7.5	13.9	11.7

4.—*Influence of the Seasons on the Mortality of Infants.*

The season of the year evidently exercises great influence on the rate of the mortality of children. According to Trevisan, of 100 children born in Italy in the winter, 66 die in the first month, and only 19 survive the first year; on the other hand, of 100 born in the summer, so many as 83 survive the first year; of 100 born in the spring, 48; of 100 born in the autumn, 58. In Belgium, the rate of mortality in the first month, of children born in January, compared with that of children born in July, is as 33.21 to 17.19. According to the researches of Villermé and Milne Edwards, published by Dumeril, the mortality of children is much more considerable during the three winter months than

during the rest of the year in France, in the southern parts of which country it diminishes in March, but in the northern not till April. In Philadelphia, however, the rate of mortality is very differently affected by the seasons; the season most fatal to children is from June to September, and the least fatal season is from November to January. In the island of Cuba, the rate of infant mortality is not sensibly affected by the change of the seasons.

5.—Proportion of Still-births to the Total Number of Births in several European Countries.

In Prussia, it is	- - - - -	3.29 per cent.
Sweden	- - - - -	2.64 "
Saxony	- - - - -	4.43 "
Hanover	- - - - -	4.22 "
Mecklenburg Schwerin	- - - - -	3.70 "
Sleswick and Holstein	- - - - -	4.60 "
Petersburgh (1803)	- - - - -	0.20 "
" (1806)	- - - - -	0.70 "
Russia generally	- - - - -	0.80 "

There are more still-births of illegitimate than of legitimate children; it has been calculated that, where 3.166 per cent. of the legitimate births are still-births, 4.959 of the illegitimate are still-births.

According to the calculations of Bickes, of legitimate male children, 3.559 per cent. are stillborn; of legitimate female, 2.749 per cent.: whilst, of illegitimate male, 5.277 per cent. are stillborn; and of illegitimate female, 4.632 per cent. In Leipsic, during twenty-five years, from 1801 to 1825, the proportion of children stillborn to children born alive was as 1 to 17 2-3; in 1822, in the district of Leignitz, it was 1 to 15; in Arnsberg, 1 to 28; in Coblentz, 1 to 27; in Elberfeld, 1 to 17; in Magdeburg, 1 to 18; in Dusseldorf, 1 to 26; in Minden, 1 to 37; in Stralsund, 1 to 44½; in Erfurt, 1 to 30; in Merseburg, 1 to 21; in Posen, 1 to 49; in Berlin (in 1821), 1 to 19; in Gotha, 1 to 10; in Paris (in 1822), 1 to 20; in Saarlouis, 1 to 16; in Vienna, 1 to 36½. According to Casper, the average proportion of still-births to living-births is as 1 to 19.—*British and Foreign Medical Review.*

INFLUENCE OF TOBACCO ON THE VOICE AND HEALTH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The first instance of the loss of voice in a public speaker, that came to my knowledge, was Chief Justice Reeve, of the Supreme Court in Connecticut. He was an eminent lawyer, had an extensive business, and was as distinguished as an advocate, as he was for erudition and legal science. Judge Reeve lost his voice at about the age of sixty; he never afterwards spoke excepting in a whisper. He lived to the age of about eighty years. Till seventy years of age, he was Judge of the Court, and many years of the time Chief Justice. He had, at the same time, a large and respectable law school, at which many a son of Massa-

chusetts, and most other States throughout the Union, received most valuable instruction, in his distinct and audible whisper. The writer has frequently heard him give "learned opinions" in the same manner from the bench, and charge a jury so that not one syllable of his luminous view of the "law and the testimony" was lost by them. He continued to deliver his course of law lectures, till seventy-five years of age.

In early and middle life Judge Reeve was in the habit of smoking tobacco, "which habit," says my respectable and venerable correspondent, "he afterwards changed to taking snuff. This, as is usual, increased upon him, until he used it to great excess; he took snuff for the last 15 or 20 years of his life."

I relate this case to show that the loss of voice is not exclusively confined to "ministers," and that even lawyers are not always *protected* from the evil by smoking, or *cured* by snuffing tobacco. Indeed I have yet to learn that lawyers more frequently use tobacco than gentlemen of the other professions and other callings in life. That the practice is less in favor than formerly, with all classes of society, admits of no question. Thirty years ago a large proportion of the females in every community used tobacco by smoking or snuffing. Now these filthy practices are universally abandoned by the sex; and yet not one individual, to my knowledge, has lost the voice, although it cannot be denied that some of them speak "long and loud."

While this communication is being written, a gentleman, with the "minister's ail," has called on me for advice. It has been in progress more than a year, and at the present time is quite bad. He is not a public speaker, but his business requires him to talk much. He has been a tobacco-chewer for many years, and had not lessened the quantity at all when this difficulty in his throat commenced. Recently he has used it more sparingly, from an apprehension that it was the cause of his disease, or was making it worse.

An auctioneer consulted me for an affection of the throat, since this communication was transmitted to the editor, which upon investigation proved to be the formidable disease which so often affects public speakers. Upon inquiry, I found he had been a smoker for many years, and still continues the practice. If this affection of the throat has not arisen from the use of his voice in his vocation, he finds it greatly aggravated by it. He, like many others, has had some apprehension that the use of tobacco has had much to do as a cause of his disease.

I do not believe that there is the least foundation in fact for the hypothesis that the use of tobacco affords a protection to public speakers from the calamity in question. But if it does, the evils which arise from its use more than counterbalance all the good that would result, even if it afforded ample and certain protection.

On this subject I will cite a few authorities, of the ablest and most distinguished medical men and philosophers of this country and Europe.

Dr. Rush bears testimony to the deleterious effects of tobacco on health in various ways, when used in moderation. "It impairs appetite, produces dyspepsia, tremors, vertigo, headache and epilepsy; INJURES

THE VOICE, destroys the teeth, and imparts to the complexion a disagreeable dusky color." "In no one view," says Dr. Rush, "is it possible to contemplate the creature man in a more absurd and ridiculous light, than in his attachment to tobacco."

Dr. Boerhaave says of tobacco, "When this celebrated plant was first brought into Europe, it was cried up for a certain antidote to hunger, but it was soon observed that the number of hypochondriacal and consumptive cases was greatly increased by its use."

Sir Hans Sloane says of it, "In all places where it has come into use, it has much bewitched the inhabitants, from the polite European to the barbarous Hottentot."

Dr. Cullen says, "I have known a small quantity of it, snuffed up the nose, to produce giddiness, stupor and vomiting; and when applied in different ways and in larger quantities, there are many instances of its more violent effects, even of its proving a mortal poison."

Dr. Massillac informed Dr. Rush that his father lost his memory 40 years by excessive use of snuff.

Dr. Parris says, "Tobacco is endued with energetic poisonous properties, which appear to depend upon an especial action upon the nervous system, producing, generally, universal tremors, which is rarely the result of any other poisons." He further says, "Its use is not unfrequently attended with severe vomiting, extreme debility and cold sweats."

Dr. Ewell, after speaking of the good effects of tobacco externally used in some diseases, goes on to say, "Happy if this plant of 'many virtues' could always be exerted for such beneficial purposes as the above. But, alas! we are constrained to deplore not only the idle and expensive, but too often fatal abuse of it, by snuffing, chewing and smoking, practices which cannot be too severely censured, especially in young persons and those of weak digestion, consumptive or of delicate habit." Dr. Cheyne ranks tobacco amongst the causes of apoplexy. Dr. Burrows, author of an excellent treatise on insanity, bears testimony against tobacco, both because it may produce disease, and because the notion that has prevailed of its curative power is wholly without foundation. Dr. Tissot once saw the smoking of it prove fatal.

Mr. Brande, in his Manual of Pharmacy, speaking of tobacco as a medicinal agent, says, "Its good effects are, however, unfortunately, almost always very problematical, and the fainting fits which it occasionally produces are of a dangerous and alarming nature."

Dr. Darwin's testimony against tobacco is in the following language. "The universal custom of chewing and smoking tobacco many hours in the day, not only injures the salivary glands, but I suspect that it produces scirrhus of the pancreas. The use of tobacco in this immoderate degree, injures the power of digestion by occasioning the patient to spit out that saliva which he ought to swallow." Mr. Brodie is of opinion that through the nervous system tobacco acts directly upon the heart, deranging its motions and tending to bring on fatal disease of that organ.

Dr. Franklin says that he never used tobacco, and he is disposed to think that not much advantage is derived from it, for he had never met

with a man who used it, that advised him to follow his example. Finding his friend, Sir John Pringle, to have loss of memory and tremor of the hands, he advised him to discontinue tobacco, which he did, and the tremors subsided.

I will not enlarge. After such an array of testimony, who can doubt that tobacco, in each of the several ways in which it has been customarily used, has destroyed more valuable lives, and broken down the health of more useful members of society, than have been sufferers from the complaint in question, up to the present time, or than there will ever be hereafter.

S. B. WOODWARD.

Worcester, May 20, 1839.

LOSS OF VOICE AND HEALTH IN CLERGYMEN.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE amount of my speculations upon the loss of voice and health in modern clergymen, is, that there is either too much labor, or it is done at improper times and places, or in an injudicious manner, or, more particularly, by too few hands in the religious vineyard. I also suppose that not a little is owing to modern changes in the habits and manner of living of the spiritual laborers. Upon the former points the religious world would consider it as a usurpation, and perhaps justly, if our profession should interfere. The subject of diet and regimen, however, with the kind and quantity of labor which individuals can bear, with safety to their health of body and mind, comes within our province.

But here we are met at the threshold by the ultra reformers and ascetics of the present day. If we do not sanction all their extreme measures, we are liable to be denounced as the opposers of religion and morals. Truth and reason are drowned in noise and clamor, and the most independent men are tempted to swim with the current, or for the sake of their own peace, to retire from the field. In such a ferment, it is surprising and mortifying to think how many good men will yield, and join the multitude in opposition to their better judgment. Within the last three or four years, as respectable a medical association, perhaps, as any in our country, was put in confusion, and was near coming to a permanent schism, in consequence of a resolution which was offered, declaring the use of every kind of fermented drink to be injurious to health. It was with the greatest difficulty that it was put down, on the ground of inexpediency. It was found to be impossible to discuss the subject, coolly, upon its merits.

I have already mentioned the age of my father. My grandfather, by my father's side, lived beyond ninety years, and four or five of his children, or more than two thirds of them, to about eighty or upwards. My grandmother, on my mother's side, lived to be more than eighty. She had four children, of whom one lived to be eighty-eight, and another eighty-five. Surely their cider and small beer, their principal drink, must have been a very slow poison. No, it supported, solaced, and revived them, when they were weary and fatigued, and, in my view, was unquestionably among the means of promoting their longevity. Shall

we deprive such people of the great sources of their physical comfort and happiness, on account of their being occasionally liable to abuse? All law, government, and religion itself, must be set aside upon this principle. Further, the instances are extremely rare in which wine and cider are habitually abused, unless the tone of the stomach has been previously injured by alcohol.

The case is very different with ardent spirit, from what it is with the milder fermented liquors. Its abuse far exceeds its utility, and it was so common as to be a moral pestilence, making greater ravages, probably, than any other plague.

As respects food, whatever may be the case with a few epicures in cities, in the whole course of my life I have not known half a dozen families in the country that have lived too luxuriously. The great body of the people live well, but not high. I have no doubt but that the habit of taking a moderate quantity of cider with the meals which consist principally of animal food, assists digestion, and tends to prevent dyspepsia. It is not a remedy, but, I think, a preventive.

It is difficult for me to see any reason whatever, why a clergyman, after he has done preaching enough in one day to be ample labor for two, should not be allowed to refresh himself with a glass of wine or cider, and in the evening, if he chooses, calm his nervous system with his pipe. I have seen much injury, very evidently, from the abuse of cigars; but very rarely, I hardly know the instance, from the pipe. I am not disposed to encourage the use of tobacco, since after the habit is formed it becomes a kind of necessary of life; yet among soldiers, sailors, and perhaps physicians, I am led to think its benefits usually surpass its inconveniences. I rather suppose the same to be the effect with clergymen.

Perhaps there is no class of men among us who have tampered so much with their diet, as clergymen. It is a curious fact, that I have never known a man turn his mind intensely to the subject of his food, that did not in the end become dyspeptic, and generally a monomaniac upon this point. It is true, that I could mention a gentleman who frequently boasts of his health, under a vegetable regimen. But I believe men in sound health very rarely speak, much less, boast of it. Besides, I believe, all the others of his family are decidedly invalids; and one or two of them have prematurely sunk into the grave.

It is generally supposed that most kinds of extravagance, in time, will work their own cure, and that enthusiasts and fanatics, if let alone, will finally come to the level of common sense. This does not seem to be the fact with the ultraism of the present century. *Crescit eundo*, the longer it continues the more it rages. A most laudable, and, I may add, a truly philosophic and benevolent spirit led to the denunciation of alcohol, as a drink. Here was a proper place, where to draw a definite line. Why not stop here? But the ultraist now steps in, and would strike it out from the *materia medica*. He next attacks wine, and joins the party that of old accused his Saviour of being a winebibber. He sets our churches in a ferment, by attempting to abstract wine from the eucharist, forgetting that his divine Master created wine for conviviality,

after "*men had well drunk.*" Cider shares the same fate, and tea and coffee yield in their turn. Spare diet follows in the train. One family lives almost entirely upon rice, another upon potatoes.

There is something very taking, with a certain description of people, when conscience, or pretended moral improvement, can be made an excuse for indolence. A vast quantity of labor, care, and attention, is saved in a family that follows the ultra temperance and abstinence principle. It is also a very convenient excuse for dispensing with most of the rights of hospitality. It is very little trouble to provide for a table, where nothing but bread, rice, potatoes, and water, or perhaps milk, may be wanted, and where the luxury of butter is too great an indulgence.

I do not mean to insinuate that our clergymen, as a body, have run into all these extremes. But still, I apprehend, they are tinctured with more or less of them, in a much greater degree than any other class of men among us. They did well in early renouncing ardent spirit. Here they ought to have stopped; but many of them were soon led further, by patronizing one or two itinerant lecturers of their own profession. I have, in my view, the best evidence, that one of these popular abstinence lecturers, who perhaps traversed every State in the Union, was a monomaniac, or what is latterly called morally insane.

With respect to the quantity of clerical labor that is needed, with the times, seasons, and manner of distributing it, that point must be decided by the clergy and their people. I have been much pleased, however, in seeing this topic lately discussed in a religious periodical, in a series of articles under the head of "*Too much Preaching,*" and am glad to find it has become a matter of attention, before the religious public, or rather that portion of it which seemed to think it impossible to over-act in a good cause. Any remarks of physicians upon this delicate subject would not be likely to be well received. A bare statement of facts, as they have occurred in many places, without note or comment, could hardly be credited at a distance, and would be apt to be considered as invidious and malicious caricature. In this point of view, if any reform is needed, it must be begun and continued in the bodies where the evil exists. Human nature is such, that a jealousy of foreign interference would be likely to over-balance any good that our profession could effect.

I am decidedly of the opinion of the late President Dwight, of Yale College, that a good minister, even in a civil point of view, is the most useful man that his parish can have; and no idea can be more injurious to his people, than that he is a kind of honorary town pauper, whom they are burdened to support like a gentleman. He gives much more than an equivalent for all he receives. It is very painful, therefore, to see such a man prematurely break down; and it is often very difficult to supply his loss. It is to be feared that one important principle is often overlooked by an ardent and conscientious clergyman. Our duties never clash. Any labor that materially endangers his body or mind, cannot be his duty. He must so husband his powers to-day, as to be able to work to-morrow. When he is much exhausted, it is a temporary disease, which often requires a temporary refreshment. If his de-

bilitated system is left spontaneously to restore itself, the elasticity of his constitution may not be sufficient, but the foundation may be laid for an incurable malady. "Give strong drink to him that is ready to perish, and wine to those that be of heavy hearts."—Prov. 31, 6. It seems that Timothy was a zealous total-abstinence man, or the advice would not have been necessary, to "use a little wine for thy stomach's sake."

May, 1839.

SENEX.

INSTRUMENTAL LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed an article in No. 4, of the present volume of the Journal, headed "Instrumental Labor," which reminded me of a case that lately occurred in my practice, I send you some minutes of the same, which you may use as you think worthy or proper. I furnish this, not because I consider it such as may not frequently have occurred, but as furnishing some further evidence to Dr. Howard, the author of the article alluded to, how much infants may suffer in such cases, and yet survive.

March 2, 1839, I was called in great haste to attend a Mrs. W., aged 20, of robust, plethoric habit, in labor of her first child. The midwife in attendance stated that *she had been in labor about nineteen hours—that there had been no progress in it during the night past—but that all was right, and she only wanted strong pains, &c.* About 3 hours previous to my arrival, she had been attacked with convulsions, which recurred with fearful rapidity and violence about every 10 minutes. The pupils of the eyes were much dilated, and she was insensible to all external impressions. On examination the head was found to have passed the upper strait. She was immediately bled to xxxij. 3 from both arms, which rendered her more tranquil; but failing to restore consciousness in any degree, I delivered by the forceps a *living child*. The convulsive paroxysms continued, but with less severity and frequency, for eight hours. Under the appropriate treatment, consciousness was gradually restored, and she soon recovered her usual state of health, but with a temporary weakness of vision. Both mother and child are now in good health.

This case made considerable impression on my mind at the time of its occurrence, on account of the unexpected result both to mother and child—from the length of time the child's head had been low in the pelvis, and from the aggravated form and continuance of the convulsions.

Pembroke, Me., May 20, 1839.

B. ATKINSON, M.D.

DISEASE OF THE KIDNEYS.

BY SIR B. C. BRODIE.

I HAVE frequently had occasion to draw your attention to cases of diseased kidney, simulating diseased bladder; and the diagnostic marks by which you may distinguish the one from the other, are these. In

disease of the kidney the symptoms generally consist of a frequent desire to void the urine, pain along the urethra, and pain referred to the pubes and neck of the bladder after making water; the urine is in general acid, and almost always albuminous. I had a case a short time since which strikingly illustrated the truth of this diagnosis. A gentleman came to me with all the above symptoms; I tested his urine, both by nitric acid and by heat, and it proved to be always albuminous. I found, upon further inquiry, that he had voided a small calculus when he was a child, and that he had been subject to irregular attacks of fever, one of which had preceded the symptoms for which he consulted me. He died eventually of a disease which I do not think I ever met with before, viz., ulceration of the coats of the gall-bladder from the pressure of a gall-stone, and consequent effusion of bile into the peritoneal cavity. I had the opportunity of examining this case after death; I found the urinary bladder perfectly healthy, but the kidneys were diseased. One of them was soft and pulpy, and quite degenerated in structure; in the other I found two calculi, closely invested by surrounding membrane, and a large deposit of urine above them. It is not always that you have the opportunity of examining these cases before disease in the bladder is set up, which it always is eventually if the disease remains unchecked. These cases are sometimes very puzzling, for it is not in every case that you have, that medicine is of any avail; for what can you do with your medicines when a patient has a calculus imbedded in the kidney? Why, you can do nothing. In cases where this does not occur, you will find the patient derive much benefit from the *uva ursi*, or the wild carrot-seed tea. With reference to a case of diseased kidney that was some short time since in the hospital, Sir Benjamin Brodie observed that such disease would, if it ran its course, bring on diseased bladder, diseased prostate gland, calculi in the bladder, and diseased testis, and the converse might be said of many of these latter diseases bringing on irritation in the kidney. Sometimes the secondary disease was the first one which attracted the notice of the surgeon, and was in many instances produced at first by sympathy only, which in the end degenerated into real disease, in which way only could be explained the identity of affection between the kidney and bladder in these cases. Sir B. Brodie related the case of a lady who had disease of the bladder from the impaction of a mulberry calculus in the kidney.

Some time since a boy was admitted into the hospital under Sir B. Brodie's care. He labored under severe pain in the groin, with inability to pass his water. These symptoms were soon relieved by the use of appropriate remedies. At times he passed several small calculi by the urethra, which, on being carefully analysed by Dr. Prout, proved to be phosphatic in their species and composition. The patient had also some pain in the region of the kidney, but no particular irritability of the bladder manifested itself, except when any difficulty occurred in passing his urine, from portions of phosphatic calculi stopping up the passage of the urethra.

He died about thirteen months after his admission, and on a post-mortem examination being made, the following appearances presented themselves.

The general external appearance of the body was œdematous, and there was some redness over the upper part of the thighs, from urinary excoriation. On opening the abdomen it was found to be ascitic; the liver was hypertrophied, and densely gorged with blood, but its internal structure revealed no organic change. The general intestinal surfaces were redder than natural; the appearance of the stomach presented nothing abnormal. On examining the kidneys (the pathological appearance of which it was expected would reveal the cause of death), the left one was found to be much larger than natural, and its general structure engorged with blood. Its external surface was soft, spongy, and easily friable, and dotted with numerous small cysts, containing serum. On cutting into it, it was found to be highly injected, and two minute portions of calculi were discovered, each weighing, we should presume, at least half a grain; these were supposed by Sir B. Brodie to consist of phosphate of lime, and were taken to Dr. Prout for analysis. The right kidney was much diminished in size, and softened in texture, but presented no other unusual abnormal appearances worthy of being recorded. The canal of each ureter was enlarged to double its natural character; the bladder was contracted in size, and its external surface was rugose and pouchy.

The chest, the lungs and bronchial apparatus were found in a healthy state. The cavity of the pericardium was much distended with fluid; and on laying open the heart, the walls of the left side were found enormously thickened and extensively hypertrophied, but no disease of the valvular apparatus could be discovered.

Sir Benjamin Brodie remarked, that to account for the thickened state of the walls of the heart there must have been some obstruction to the circulation somewhere; where that obstruction was, however, this dissection did not reveal. Some cases of aneurism of the aorta, combined with diseased kidney, were detailed by Sir Benjamin, but as they bore no similarity to the present case, inasmuch as aneurism did not exist, we have not recorded any notes of them.—*Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 5, 1839.

MASSACHUSETTS MEDICAL SOCIETY.

PERHAPS no annual meeting of the members of our State Society was ever more pleasantly and harmoniously conducted since its incorporation, than that on Wednesday last. Being absent from the Temple two or three times in the course of the morning, no good opportunity was afforded for chronicling the order of business methodically. Only a small part of the address was heard by us, and that at the close; hence we must wait the regular publication of the Secretary, for particulars. On Thursday the Council re-elected George C. Shattuck, M.D., President. All the other officers remain essentially as they were last year. The details of

the organization of a committee, which is to assemble on the 10th of July, at Worcester, to act and report upon a proposition to make very important changes in the Society, will be given in full at a subsequent period.

PRACTICAL SURGERY.*

THE profession in this country are familiar with the high character of Mr. Liston's system of Practical Surgery. It requires, therefore, no extraordinary exertion to persuade practitioners that the last republication of that gentleman's work, must necessarily be the best, when the fact is stated that additional notes and illustrations have been made by a very competent person. We have seen a new edition by James Crissy, of Philadelphia, which has received improvements at the hand of Geo. W. Norris, M.D., one of the surgeons of the Pennsylvania Hospital. In this, there are one hundred and twenty engravings on wood, without which, after having once discovered their importance in conveying to the mind of the reader a distinct idea, the volume would indeed seem imperfect and much less valuable. Although much cannot be said in commendation of the beauty of the engravings—some of them being but poor specimens of the xylographic art—still they accurately explain the text, the great object in view. A treatise on operative surgery, in these times, without some sort of pictorial guide, would be quite defective, particularly to the student, since so much has been done by the assistance of the designer and engraver in modern productions.

Dr. Norris assures us that the "character of the book is strictly practical—being concisely written." "The editor has restricted himself to adding a few brief notices of the manner in which some of the more common surgical affections are treated with us, at the same time that he has called the attention to certain points which have been passed over lightly by the author." Thus we are presented in a modest, unassuming manner, with what Dr. Norris has done—and by an attentive examination, it will be perceived that he is entitled to much more credit than he claims.

It strikes us that this will be patronized; in fact, it deserves to be well circulated, as it gives the latest intelligence in the department of surgery, in England and America. Whether it is on sale in Boston, or not, we have not been informed, but a good supply should be furnished for the New England States. We like to have every new volume, and as speedily, if possible, as our neighbors in New York and Philadelphia.

Phrenological Busts.—Mr. Fowler has made a decided improvement in arranging the organs, as commonly seen on those plaster busts which are used in learning their localities. It consists in so developing each, that they are elevated above the common level of the skull. In passing the hand over the cast, the beginner detects the several prominences with the fingers, and thus easily fixes in his mind the place and connection of the whole group. Without some such guide, it would seem to require a prodigious amount of practice before the manipulating phrenologist could conduct an examination on the living subject with any degree of accuracy. In point of execution, the work is faultless. As most libraries are now

* Practical Surgery; with one hundred and twenty engravings on wood. By Robert Liston, Surgeon; with notes and additional illustrations, by George W. Norris, M.D., one of the Surgeons of the Pennsylvania Hospital. Philadelphia: J. Crissy. 8vo., p. 370.

ornamented with these sorts of specimens of science, and as it is also desirable to know something about how the land lays, it may be of importance to state that Mr. Fowler's improved casts, to be had at No. 135 Nassau street, New York, and also in Philadelphia and Boston, certainly have a superiority over all other plaster models.

Hospitals in London.—There are nine great hospitals in London, viz. : St. Bartholomew's, West Smithfield, founded by Henry VIII., 1539 ; St. Thomas's, by Edward VI., 1553 ; Guy's, at the entire charge of Thomas Guy, 1721 ; Westminster, 1719 ; St. George's 1733 ; London Hospital, 1746 ; Middlesex, 1745 ; University Hospital, Charing Cross, 1818. The minor hospitals are—the Seamen's Floating Hospital, which had 2731 cases in 1837—expenses annually 6335*l*. London Fever Hospital, erected in 1802, average annual number of patients 400 ; expenses from 1200 to 1400*l*. Smallpox and Vaccination Hospital, instituted 1746—expenses 900*l*. Lock Hospital (venereal cases only), erected 1770. St. Luke's Hospital for lunatics, 1751. Bethlehem Hospital for Lunatics, incorporated by Henry VIII., and cost 123,000*l*, St. Marylebone Parochial Infirmary, and St. Pancras Infirmary. Besides these, there are fifty-four dispensaries, completely organized, having every possible convenience for managing the sick, in door and out, with a full board of medical officers and surgeons. In these are embraced ophthalmic and lying-in charities, truss societies, the Royal Jennerian institution, and asylums for the medical care of the deaf and dumb. In St. George's and St. James's dispensaries, 700 obstetrical cases occurred in one year. The resident apothecary has a salary of 100*l*. per annum. At the Western General Dispensary, the expenditures in one year were 585*l*. At the Royal Universal Infirmary for children, erected in 1816, from January 1837 to 1838 were 2389 cases. At the London Midwifery Institution, instituted 1823, the number of deliveries, from 1828 to 1833, was 3644. Since that date no statistics have reached us. To manage the medical and surgical duties of these various institutions, all having express reference to the sick, rising of two hundred and twenty physicians and surgeons, assistants and apothecaries, are required.

Facts in Dietetics.—In connection with the facts respecting longevity, related by our correspondent Senex, in this day's Journal, we beg leave to record the following, which need no comment.

A lady died, in December last, in a neighboring town, aged 96. She had lived in the family of her third son (now 70 years old) for the last thirty-seven years, and her death was the first which has occurred in the family since the marriage of that son, 42 years ago, though they have brought up eight children, and have always had apprentices or hired men with them. All but two of these children have removed from the paternal house, five have families of their own, are in good health, and of *their* children (eleven in number) not one has died. In this family flesh meat has been used, generally three times a-day, during the time above mentioned, and the old lady first named seldom failed to partake of it freely, and was, indeed, so partial to it through life, that she was in the habit of making it the most important part of her meals. She was also, like all the rest of our good *old* ladies, warmly attached to the use of tea, in which she indulged twice, and frequently three times a-day. She likewise, till

within a few years, with the rest of the family, partook moderately of cider with dinner, and also at other times. She never smoked tobacco, but used snuff pretty freely.

Mechanism of Blushing.—The phenomenon of blushing is not the result of an *exciting*, nor, strictly speaking, of a depressing emotion—but it is a compound of both; in other words, it is the product of a *mixed* emotion of the mind. The internal faculty *excites* an indescribable sensation, which causes the face, the external field of action, to *droop* or assume the aspect of depression. Compare the flush of *rage* with that of *shame*, and the appearance of the features in both instances, which, perhaps, may demonstrate more clearly what I have asserted. The color is nearly the same in both cases; but, observe the striking difference in the countenance—the features of the one are strained to a point, whilst those of the other languish. In the former, the countenance, the “mirror of the soul,” reflects the *true* image of the internal excitement; whereas in the latter, the external image, if we were to reason from analogy, is false.—*From Dr. Burgess's “Physiology of Blushing.”*

Dessault's Treatment of Hospital Erysipelas.—As soon as ever Dessault perceived any trace of the development of erysipelas after wounds, operations, &c., he immediately administered to the patient one grain of tartar emetic in a large quantity of water. The unfavorable symptoms immediately diminished after the administration of the draught, and sometimes disappeared altogether, even when the only effect of the medicine was to increase the urine, and augment the cutaneous transpiration; were the symptoms more obstinate, he then gave the draught two or three times, or oftener; as the fever disappeared, and nothing remained but some unpleasant bitter taste in the mouth, he completed the cure with one or two purgatives. Dessault assures us that he never met with a case of hospital erysipelas (and there were many of them at the Hotel Dieu in his time) which resisted this method of treatment. He remarked that the disease was always most obstinate and severe in persons who had been bled several times.—*Gaz. Med.*

Exposure under Inoculation.—In the case of the *King v. Bennett*, reported in Maule and Selwyn, the defendant, an apothecary, was indicted for having inoculated for the smallpox, several infants, and, while they were dangerously ill of the said disease, unlawfully and injuriously causing them to be carried into the public streets and highways. The defendant was found *guilty*. Mr. Justice Le Blanc, in passing sentence, observed, that the introduction of vaccination did not render the practice of inoculation for the smallpox unlawful, but that in all times it was an indictable offence to expose persons infected with contagious disorders in a public place of resort. The defendant was sentenced to *six months'* imprisonment.

[We trust that this example will be followed in analogous cases. It is the duty of every humane and well-intentioned individual to give such information as may lead to the punishment of those who wilfully propagate smallpox.—ED. LANCET.]

Medical Formulæ.—A little work was published in London, last year, containing a collection of medical formulæ from the writings of the most eminent physicians, and edited by D. Spillan, M.D., Fellow of the King and Queen's College of Physicians in Ireland. We have received a copy, and propose introducing the formulæ into our pages, a few at a time, as we find room.

Mixtures. No 1.—R. Antimonii potassio-tartratis, gr. ij.; aquæ destillatæ, ℥ij. M. Adhibeatur cochleare unum parvum subinde donec evomat æger.

No. 2.—R. Tincturæ scillæ, ℥ij.; oxymellis, ℥iv.; aquæ destillatæ, ℥ij. M. Sumat cochleare minimum subinde.

No. 3.—R. Mist. amoniaci, ℥iij.; oxymel. scillæ, ℥iv. M. Sumat cochleare minimum subinde.

No. 4.—R. Infus. polygalæ, ℥iv.; syrup. ipecac., ℥i.; oxymel. scillæ, ℥iij. M. Cochleare minimum subinde.

No. 5.—R. Mist. camphoræ, mist. amygd. dulc., āā ℥ij.; liquor ammoniæ acetatis, ℥iss.; spir. ætheris nitrici, vini amtim. potassio-tartratis, āā ℥iiss.; syrup. tolutani, ℥iss. M. Sumat cochlearia duo ampla secundis horis. In *catarrh.*

Medical Miscellany.—The monthly Part of our Journal for June 1, comprising the May weekly Nos., contained no less than twenty original communications, which were written for its pages by physicians residing in ten different States.—A woman lost her life in New York, last week, by taking oxalic acid, through mistake, for salts.—A committee of the Legislature of Connecticut have reported in favor of appropriating \$20,000 for an asylum to receive the insane poor of the State, supposed to be eight hundred in number.—Lectures on animal magnetism are absorbing the attention of all classes in England. Men of high professional rank are either exceedingly devoted to the progress of this imposition, as truth, or else they are mad.—A man recently died at Catskill, N. Y., from drinking, on a bet, five pints of clear spirit, chiefly whiskey, in thirty minutes.—Dr. Lyndon A. Smith and Dr. Lewis Conduit, of New Jersey, who were appointed commissioners to visit the various institutions in New England for the accommodation of the insane, and report to the next Legislature of that State, are now on a tour of observation. They were in Boston last week, and dined with the Massachusetts Medical Society.—A mechanic, of Amesbury, writes us that he is the inventor of the new tooth instrument referred to a few weeks ago, and presented by Dr. Gale.—Green's essay on diseases of the skin was distributed to the Fellows of the Medical Society, on Wednesday last.—There is some hope of the completion of Copland's Dictionary, in England—in which case, we shall probably have the work entire in this country.—The London Medical Gazette copies our weekly medical miscellany under the head of *gatherum*.—Dr. R. M. Huston has been appointed one of the physicians to the Blockley Hospital, Philadelphia.—We have seen nothing of Dr. Pancoast's work on the art of prolonging life. Then there is a work on dental surgery, by C. A. Harris, M.D., published in Baltimore, that would be sought were it to be had in Boston.—Those gentlemen composing the committee of the Massachusetts Medical Society, who are to meet at Worcester in July next upon business, will draw two dollars per day and the necessary travelling expenses.

TO CORRESPONDENTS.—Several communications on the tobacco question are on hand, and will be inserted in due time. The paper on "Charlatanism" is inadmissible in its present shape. The one on "Quackery," with considerable omissions, will be made use of hereafter.

DIED.—At Houston, Texas, Dr. Gideon I. Cowles, formerly of Plymouth, Con.
—At Niagara Falls, by the falling of a large mass of rock, while he stood viewing the water, Dr. Hungerford, of Troy, N. Y.

Whole number of deaths in Boston for the week ending June 1, 21. Males, 13—females, 8.

Of consumption, 2—smallpox, 1—scarlet fever, 7—lung fever, 1—burn, 1—paralysis, 1—disease of the spine, 1—infantile, 2—casualty, 1—croup, 1—delirium tremens, 1—hooping cough, 1—stillborn, 6.

A GOOD STAND FOR A PHYSICIAN.

A PHYSICIAN, doing a good business in a pleasant village in the County of Worcester, wishes to introduce some active practitioner into his business, upon the most reasonable terms. Inquire of the editor of this Journal—postage paid. J. 5—tf

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramabotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blandell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchesse d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professor Francis U. Johnson, Pres. Comy Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hoesck, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

IF A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10. Feb. 23—6m

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 124 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory references. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JUNE 12, 1839.

No. 18.

CLINICAL REMARKS AT ST. GEORGE'S HOSPITAL.

BY SIR B. C. BRODIE.

Anomalous Cases of Hysteria.—We have often drawn the attention of our readers to the medical and surgical treatment of these cases in the hospital. There are, at present, two of this description under the care of Sir B. Brodie.

The first of these is a young woman whose countenance presents no hysterical indication, or unusual nervous appearance. She was admitted with apparent disease of the right hip-joint. In Sir B. Brodie's absence, Mr. Cutler examined her carefully, but could make out no organic derangement of structure, and Sir B. Brodie did the same, with a similar result. The patient's tale is, that about six years since, she received a kick from a horse, which confined her to bed for nearly three weeks, during which time she was leeches and blistered over the affected part, after which the hip became purple, yellow, blue, and black; and since this period the pain has continued with little or no intermission; she is able to walk about in the ward, but cannot bear pressure over the great trochanter, or the slightest rotation of the joint. Her appetite is good and her tongue clean, but her rest at night is very much disturbed. Sir B. Brodie examined her, both verbally and manually, with all that tact and acuteness which he so well knows how to display in all these nervous cases, but he could not detect her "tripping" in the slightest degree. He observed that the variation in color over the hip-joint, on which the patient laid so much stress, was either a lie or a mistake, most probably the former; and that although there was no evident disease of structure, yet there existed a very deplorable state of nervous system, characterized by many of the symptoms which she had described. She had been taking steel medicines in various forms since her admission, without deriving much benefit from them. As her case exhibited many symptoms which might be true or not, Sir B. Brodie desired Mr. Chappell to institute a most rigorous and searching inquiry into her case, with the view of detecting the chaff from the wheat, and report proceedings to Sir Benjamin Brodie at his next visit. This was accordingly done, but the house-surgeon could make out nothing more than what has been already stated; she was, therefore, recommended to take a trip into the country, as her health began to suffer from confinement to bed, where she had been for some weeks. Some time since she again presented herself for admission as an in-patient, and under Sir Benjamin Brodie

she was again admitted ; her countenance now bore strong indications of good sound health, but the right hip was still the plague-spot of all her sufferings ; she showed the same acute sensibility to pain, and whether the abdomen, the groin, the thigh, or the knee was pressed, the same hysterical shrinking from pain was equally evidenced. Sir B. Brodie was more than ever assured that the case was one of shamming, and at his next visit he determined upon putting her upon some medical treatment the unpleasantness of which would induce her to give up her malady and her medicine very quickly. He inquired of some of the pupils which was the most nauseous medicine within their experience ; some recommended assafœtida, others assafœtida and lime-water, and others assafœtida and castor, but Sir B. Brodie ordered the following to be taken three times a-day : R. Sulphate of zinc, one grain ; syrup, one drachm ; camphor-mixture, one ounce and a half.

This, he said, would very soon draw the humbug out of the lady, and make her so internally unpleasant to herself that she would soon be a very different creature in more respects than one.

The next case, which came in on the day of the previous patient's fresh admission, was of a woman more advanced in years, and betraying still fewer indications of hysteria than her sister sufferer at the opposite end of the ward, either in countenance, voice or manner. She also complained of severe pain in one hip, which disturbed her rest at night ; and stated that she was a severe martyr to piles, which she wished to have tied. On examining into these latter symptoms Sir B. Brodie found that they were all internal piles, and that upon straining at stool, they did not protrude, and consequently could not be tied. She was ordered to use an injection of cold water every morning until she felt relieved. In both of these cases, as well as some others in which there are hysterical pains in the joints, Sir B. Brodie observed that where you meet with a young person complaining of a tearing pain, or a grinding pain, or a pain as though scalding water were being poured upon the part, these sensibilities of parts may be almost always considered as purely nervous or hysterical, and quite independent of any local disorganization of structure.

With respect to both these cases the surgeon reiterated his orders that the examination of each might be very strict and searching, because, although it was very bad to mistake an hysterical affection for a real disease, it was yet a thousand times worse to commit the opposite error of mistaking a real organic disease for a simple hysterical affection.

Necrosis.—There have been several cases of necrosis lately in the hospital, and we here condense the remarks made at different times on the various cases presented to notice.

“ In cases of necrosis you will sometimes find that sinuses and abscesses will form in the portions of new bone as well as in the old. These are frequently the cause of great pain to the patient, and when you have three or four of these abscesses bursting about the same time, you are sometimes obliged to amputate the limb. I once had a case of this kind, which I afterwards injected, and a very fine preparation it was. On making a section of it I found a large rough mass of new bone, but

in the centre of the cancellous structure there were numerous small abscesses; I remember that before I amputated the patient's limb in the case, saying to myself, 'there is surely no dead bone here; then why does not the man recover?'

"Sometimes, in these cases, there may be no dead bone, or there may be a small portion only at the bottom of a sinus. In such cases you must wait for a short time, and see whether the abscesses will heal spontaneously or not. Now if an abscess occurs in the soft textures it will sometimes not heal, from the predominance of muscular action. In such a case, however, as this, there is no muscle, but there may be a portion of dead bone at the bottom of a bony sinus preventing the free egress of matter. In such a case you must lay open the parts to the bottom, in order to remove the dead bone, or to allow a free exit to the matter pent up; such an operation I performed in private practice only a short time ago. In the death of a bone a large portion of it may die, but it seldom happens that the whole shaft dies. The epiphyses of bones seldom die; but the greater part of the shaft of a bone may die, and a large quantity of new bone may be deposited, and matter may form between the dead and living bone, and point to the surface. When the tibia is affected in this manner it becomes much increased in size. There comes an œdema of the limb, followed by abscesses, at the bottom of which the probe detects a portion of dead bone. Now, with regard to the time at which this old dead bone should be removed from within the box of new bone which surrounds it, it ought not to be done until the dead is completely detached from all connection with the surrounding living structures. At first it is continuous with them, but it is like a slough, and eventually separates by exfoliation; the time which it takes to accomplish this varies much, and depends much on the constitutional powers of the circulation; I have known the stump of an amputated bone to exfoliate in three weeks, but a period of three months is more commonly required for such a process to be completed. There is no harm whatever in waiting one month too long, but there may arise much mischief in attempting to operate one month too soon. When you feel dead bone at the bottom of a sinus, cut down upon it, peel off the periosteum, and ascertain by the probe where is the best place to apply the trephine over the new bone to remove the old bone beneath. Sometimes you are not able to apply the trephine, and you must then use the chisel, if the parts are soft enough to allow of it; after the operation you will most probably have a very foul, ill-conditioned ulcer, and that portion of bone scraped by the saw will exfoliate. At first the tibia becomes much enlarged after the operation, but this increased mass soon becomes absorbed. It is astonishing, sometimes, how very large a portion of bone you have to remove, and how small a quantity of new bone is left behind. Sometimes the exfoliation of old bone is more rapid than the formation of the new osseous structure, which generally accumulates very slowly, and with a large deposit of periosteum on its surface. These cases I generally treat as I do fractures, and put them up in splints until the new osseous deposit is nearly completed. Such are some of the circumstances connected with the treatment of necrosis,

and they become the more interesting and valuable when we compare the present improved method of cure adopted in these cases with the old unscientific method followed formerly."

Scald Head.—A child who labors under this affection, and who is under Sir B. Brodie's care, had had several different applications made to the shaven scalp, but without any benefit being derived from them. The latter treatment has more particularly consisted in having the head shaved, and the scalp lightly touched with the strong acetic acid. This, however, caused so much pain, that it was necessary to stop it; and thus the remedy has not had a fair trial, nor is the disease in the least degree abated. Sir B. Brodie ordered the head to be again shaved, well washed with brown soap and water, and the ointment of the nitrate of mercury applied to it every morning. Whilst standing by the patient's bedside, Sir B. Brodie inquired whether any other surgeon, either in or out of the hospital, had seen the case, or given their opinion upon it, which question being answered in the negative, he observed that the red precipitate of mercury, in the proportion of two drachms to one oz. of ointment, was an exceedingly valuable preparation in some cases of the kind. He was acquainted with a surgeon who cured such cases by subjecting the scalp to the steam of hot water for one hour daily.—*Lanc.*

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have observed, in recent Nos. of your excellent Journal, remarks by several of your correspondents upon the causes, &c. of the "minister's ail," alias "impaired voice in clergymen," some of which I would ask leave briefly to notice. I am aware that your pages might be occupied with matter far more interesting and important than anything that I can offer; yet as the design of your Journal is the advancement of science and the alleviation of the "ills to which flesh is heir;" and as some sentiments have been advanced, which, in my mind at least, do not comport with these objects, perhaps the few thoughts that may have suggested themselves may not be deemed unworthy a place in your paper. Otherwise please throw them under the table.

There is no doubt that the vitiated air in crowded assemblies, as Dr. Woodward observes, has a pernicious effect upon the vocal organs of public speakers, as it does upon the whole system; but that the air which the minister, from his elevated situation, inhales, is more impure, is contrary to fact. Respired air, from a relative increase of carbonic acid gas (an agent which in a concentrated state acts specifically upon the glottis), and from the exhalations from the respiratory organs, becomes specifically heavier, and consequently sinks to the bottom. Hence the lower strata of air in the room are rendered sooner and more vitiated than the upper. This is clearly shown by the lights in such a room, those burning more dimly in the lower part than the ones more elevated. The same fact may be illustrated at any time upon a small scale, by placing several tapers, at different elevations, in a glass receiver;

as the oxygen of the air becomes exhausted by combustion, and carbonic acid gas is eliminated—a result similar to that effected by respiration—the lower taper will burn dim and go out first, the next above will succeed, and so on to the last. The mephitic air in old wells, pits, &c. exhibits the same phenomena in its influence upon combustion and animation; that in the lower parts being always found the most impure and deleterious.

Dr. W.'s views respecting the use of tobacco are good, and fully agree with my own.

One of your correspondents tells us the cause of "the affection" is the non-use of tobacco—or rather, perhaps, that the use of it is a preventive; another, that cold water is the cause. Now I think facts are against both these "opinions."

Dr. Mauran founds his opinion upon the fact that the disease is more common now than formerly, when the clergymen were in the habit of using tobacco—that he had known no case of the affection in those who use it—and also, that public speakers of other professions are exempt from the disease. This array of evidence, at first view, appears quite formidable. Yet the same arguments might be used, with the same propriety, in favor of alcohol; for twenty-five years since, as many ministers, comparatively, used ardent spirits, or at least took a "little wine for the stomach's sake," as now refrain from tobacco. And further, I have never known one using alcohol, troubled with the affection, while I have others, who do not. Nevertheless I believe Dr. M. would hardly be ready, from this fact, to consider it a preventive, or prescribe it as a remedy. But that tobacco is *not* a preventive, the cases instanced by Dr. W. and Professor Mussey, clearly prove; and these, with other cases, which, upon further reflection and investigation, they have no doubt might be adduced, show that the disease is comparatively as frequent and as severe in tobacco-users as in others. I can hardly believe that nature requires, for the integrity of the vocal or any of the other organs, the continued use of an agent so powerful and deleterious as this. But were it proved that tobacco is a prophylactic for the disease in question (which is far from the case), I, for one, should consider the "remedy a little worse than the disease;" for there can be no doubt that its effects upon the system, and especially upon *some*, at least, of the vocal organs, are very pernicious, to say nothing of the *other* "tendencies" of this filthy and offensive practice. Your last Journal contains a case of cancer of the tongue, which, there is most reason to suppose, was caused by tobacco, and which, with a multitude of other similar cases of disease of the lips and tongue of tobacco-eaters, presents as strong arguments against this article as any that have yet been adduced in its favor. I heard Professor Mussey remark, a few years since, that of the numerous cases of cancer of the tongue and lips, which had come under his practice, he never knew but *one* that occurred in an individual who was not in the practice of using tobacco, either by chewing or smoking, or both; and, further, that they (the ulcers) uniformly occurred in those parts where the cigar and quid were accustomed to be held. And if I recollect rightly, he stated, at the time, that Dr. Warren's expe-

rience corresponded with his own ; or, rather, that he (Dr. W.) had never seen a *single* case that was not connected with the use of the "weed." My own limited experience affords me one case of a severe ulcer of the mouth, which the patient considered very formidable, until the cause was removed—that is, the quid shifted to the other side of the "box." Who, then, would not rather run the risk of losing the voice by the "throat affection," than by the extirpation of the tongue? Unless, therefore, there be stronger reasons presented in favor of the use of this narcotic than any I have yet seen, though there may be some "worthy and respectable divines who habitually chew and smoke" without being "found lingering about the bar and grogshop," I think we had better continue to "preach" against the "vile practice."

Your Gray correspondent assures us that the cause of this disease is the practice of taking cold water while speaking. There is, I believe, as little foundation for this opinion as for the one which I have just considered. He says he would scarcely thank a man to tell him what is *not* the cause of a particular effect, if he cannot tell him what *is*. Now I have been instructed that it is oftentimes as important to know when not to give medicine, as when to give it ; so there may be cases, I conceive, where it may be as essential to know whether a particular agent is not, as whether it is, the cause of a particular disease—or, at least, it is far better to suppose ourselves ignorant of the cause of a certain effect, than to attribute it to a wrong one. Therefore, though I may not be able to show what is the cause of the affection under consideration, Dr. A. will pardon, if not thank me, if I say cold water is *not*. Dr. M. in his communication, remarks that "the affection" is confined exclusively to ministers, and this I believe to be the case. Now so far as my observation goes, there are but very few of "the order" who are in the habit of taking cold water while speaking (and I have never known one that was, complain of "the affection"), while the practice, I believe, is quite common with public speakers of other professions, who, it has been stated, are exempt from the disease. These, I think, are facts which a consideration of the state in which the vocal organs are often found during speaking, and the known effects of cold water upon parts in such a state, fully support.

Dr. Allen says, "if they" (public speakers) "are afraid of the contact of the air with the larynx and lungs after speaking, ought they not to be doubly afraid of the contact of cold water with the former during speaking?" I would answer, no ; for I conceive the effects of the application of cold to these parts in these different states, to be as dissimilar as that upon a person while at labor, and while at rest after he has ceased ; or as the effects of the cold bath in the hot and cold stages of an intermittent. In one case the organs are in a state of excitement and fever, or incipient inflammation ; in the other, this state has passed off, and reaction taken place. In some individuals, from a peculiar idiosyncrasy or delicacy of the vocal apparatus, loud and continued speaking produces irritation, congestion and fever of the vocal cords. Consequently the secretions are suspended, and the voice becomes dry and husky. A swallow or two of cold water taken now,

instead of serving simply "to wash down the saliva," the flow of which is mostly, if not entirely, suspended, serves to subdue the fever, remove the congestion, and restore the vessels to their natural state, and thus promotes the requisite secretions; so that instead of being a cause, I think it rather a preventive of the disease.

It may perhaps be asked why speaking does not affect all alike. In reply, I would ask why the same causes do not always produce the same effect in all—why "one person is affected by certain agents, which, if applied to a hundred other persons, would produce no effect"—why, of the multitude of operatives who enter our cotton mills, a few, who on entering are as robust as any, find themselves, by symptoms of incipient phthisis, induced by the flyings, warned to leave, while others, occupying the same rooms, boarding at the same house, and living in all respects like them, can labor on, year after year, without any apparent inconvenience to the lungs.

If, in closing these remarks, I am asked for a "theory to take the place of the ones I have attempted to destroy," I would simply add, that the affection is caused by speaking, and the remedy is the same as that for any other, viz., removing the cause, or ceasing to speak.

Annisquam, May 28, 1839.

Yours truly,

A. D. BACON.

EFFECTS OF TOBACCO ON THE VOICE AND HEALTH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Just a word or two by way of remark, and the relation of two or three cases in point of the subject before us, shall be all at present—leaving the discussion to those able individuals who already have "the floor."

Truly the *throat disease* in clergymen has become a troublesome one to both patient and physician. I myself have had my skill put to the test in it, and have failed; but it never once occurred to me to prescribe tobacco in any form. Indeed, I have thought that preaching would not do me as much good, if I knew that the preacher used tobacco, as it otherwise might. But I will away with all prejudice, and if tobacco is a useful remedy in this disease, let us have it; for although there are strenuous objections to its use, when two evils present themselves we should always choose the least. But its effect upon the nervous system is greatly debilitating, which certainly must go to prove its unfavorable tendency in this disease. Again, tobacco greatly increases the flow of saliva, which generally being thrown out of the system, must debilitate it, and derange the digestive functions. This increased flow of saliva, too, by constantly filling the mouth, is a great detriment to public speakers. I can hardly agree with one of your valuable correspondents, when he says that "the class of people who use tobacco, in chewing or smoking, are the most healthy and robust part of the community." If he will walk abroad with me through the different classes of community, I think I will show him more amongst the pale-faced, emaciated

and consumptive, that use *the weed*, than amongst the fresh, vigorous and healthful. But actual experiment, and facts which are the result of experiment, are what we need in order to establish this controverted point; for it is a sober reality that facts—stubborn facts—spoil many a finely wrought theory. But to the cases in point.

1. A lady, who has been constantly under my observation for these thirty years, became, about ten or twelve years since, suddenly affected with general nervous debility. Her mental, suffering with her physical powers, she soon became gloomy and desponding, and strange, for a lady of her standing, she took up the practice of smoking tobacco. In a year or two after this habit was formed, her voice failed—she became, indeed, entirely speechless; for a year or more she could not articulate, even in a whisper, but during all that time communicated with her friends by writing. For two years longer she could articulate only in a whisper. After this, her voice gradually improved so that she could pronounce monosyllables. For a few years past she has been able to converse with an audible voice, yet evidently with much effort, and studiously avoiding all words that are not absolutely necessary to convey her ideas. She still rigidly adheres to the habit of smoking tobacco.

2. For several years I was intimately acquainted with a Baptist minister who was an inveterate smoker. His voice was weak, and would sometimes fail entirely. He was pale, sickly and emaciated.

3. The author of this paper was once a *great smoker*. The habit was kept up for about six years. He found it to be increasing upon him yearly. His nerves became over excited—his hand trembled—and more than once, when he had occasion to use the knife or lancet soon after smoking, he found the trembling of his hand to be a serious difficulty. Ten years ago he resolved to break off from the disgusting habit. He did so at once—and as St. Paul did by the viper on the island of Melita, “he shook off the beast into the fire, and felt no harm;” on the contrary his health evidently improved, and his hand became steady and has remained so. And here he would remark, that it is a notorious fact, that during those years that he used tobacco, as well as in the earlier part of his life, he was almost constantly troubled with a sore throat—and since he has left off its use, it has troubled him scarcely any. He would not say, however, that smoking tobacco had anything to do in keeping up the sore throat, or that quitting the habit effected the cure—for he thinks it did neither; but one thing is certain in regard to it—the *use of tobacco did not cure the disease.*”

Respectfully yours,

Unionville, May 30, 1839.

E. G. WHEELER.

ON THE DIVISION OF THE STERNO-CLEIDO-MASTOID MUSCLE FOR THE CURE OF WRY-NECK.

THE great success of the operation lately introduced by Stromeyer for the cure of club-foot, has directed the attention of the profession to the benefit arising from the use of the knife in all cases of permanent contraction of the muscles. Professor Dieffenbach gives, in the paper

before us, the outline of thirty-nine cases in which he divided the sterno-cleido-mastoid muscle, in one of which only the operation was unsuccessful.

The operation is thus performed. The patient being seated on a chair, one assistant draws the head towards the healthy side, whilst another depresses the shoulder of the affected side. The contracted muscle is thus brought to stand further out, and is seized between the thumb and forefinger of the left hand, and drawn powerfully downwards. A strongly-curved bistoury is now introduced behind the muscle, and pushed forwards till its point is felt beneath the skin on the other side of the muscle. The edge of the knife is then turned towards the muscle, and its fibres divided by withdrawing it, taking care not to injure the integuments. When the muscle of the left side is that which is to be divided, the knife is introduced in the triangular space formed by the two portions of muscle about two inches above their insertion, and from this point first the anterior portion, and then, if necessary, the posterior portion is divided. When the contracted muscle is that of the right side, the knife is introduced between the trachea and muscle; the anterior portion is first divided, and then, from a second puncture between the two portions of the muscle, the posterior portion is separated. In the instant of withdrawing the knife the thumb is pressed firmly upon the wound, to prevent the extravasation of blood beneath the skin, and a compress is applied, which is retained in situ by strips of adhesive plaster and a bandage. Two cloths are passed round the neck, with a view to give support to the head, which is allowed to retain its wry position, partly to prevent the extravasation of blood, and partly to favor the reunion of the muscle.

In general the wound heals in a few days. There is generally some swelling over the part where the muscle was divided, and fluctuation is occasionally felt, owing to the extravasation of a small quantity of blood. In such a case the compress is applied more firmly, and stimulating embrocations are had recourse to. Sometimes, though very seldom, suppuration takes place; this accident calls merely for the evacuation of the pus, and the simple treatment of the wound.

In some of his first cases, Professor Dieffenbach employed various means of extension, to bring back the head to its natural position; but he afterwards found a stiff collar of pasteboard, so constructed as, from the uneasiness it produced, to force the patient to turn the head in the contrary direction, quite sufficient to restore the natural position.

We shall give one or two of the cases, taken at random, as illustrations.

CASE. I. C. Meir, aged twenty-four, affected with congenital contraction of the sterno-mastoid muscle, producing strongly-marked scoliosis. When thirteen years of age he began to wear a mechanical apparatus, which he continued for some years, but afterwards gave up, as the scoliosis continued to increase. Both insertions of the muscle were divided, and a compress and bandage applied as already described. Neither extravasation nor suppuration took place. The patient remained in bed ten days; gentle extension of the neck was then em-

ployed, and in three weeks the cure was complete, and the position of the head natural.

CASE XV. Carl Von Schuck, a very lively boy, had been treated according to the most approved system of orthopedy for a considerable time, without benefit. The muscle was divided; some days after the operation, fluctuation from extravasated blood was perceptible, but augmented pressure produced its absorption. At the end of six weeks the boy left Berlin perfectly straight.

CASE XXXVII. A boy aged twelve. The right sterno-mastoid was very much contracted, and the head in consequence approximated to the shoulder. This patient had already been operated upon according to the older method; the muscle had been laid bare and afterwards divided, but the contraction returned as soon as the wound healed. The muscle was again divided according to the same method, and although means of extension were had recourse to during the cure, the contraction again returned. According to the report of the father of the patient, this treatment occupied three months. Owing to the induration and adhesions produced by the former operations, Professor Diefenbach found it necessary to divide the muscle near its middle. The after treatment was as usual; no means of extension were used, simply the pasteboard collar. No extravasation or suppuration followed; the patient was able to go out five days after the operation, and the head regained its natural position.

Of the thirty-nine cases, nine were owing to contraction of the left, and thirty to contraction of the right sterno-mastoid muscle.—*Medizinische Zeitung*.

A TREATISE ON NEURALGIA.*

THERE is a peculiar unsatisfactoriness in the term neuralgia, as it is applied to designate a symptom of very various diseases. A tumor presses on a nerve, or a nerve is so complicated in the growth of a tumor as to give rise to extreme pain; the cause consists in accumulated feces, diseased bone, organic disease within the head of various kind, carious teeth, acid secretions in the stomach, &c.; and we call a peculiar pain produced by these and other concurrent causes, neuralgia. The volume before us is a creditable monument of its author's industry in collecting together multitudinous forms of neuralgia from very various sources; but the very nature of the subject is such, unfortunately, that, after having perused the book, we feel the need of some knowledge by which to arrange and systematize the various facts, so as to deduce from them some sound pathological principles and some definite and satisfactory rules of practice; and for this purpose a large number of present facts require, from their incompleteness, to be entirely rejected; they are useless as affording ground for any legitimate deductions. We do not mean by these observations to condemn Dr. Rowland's book, which is well worthy of notice.

* A Treatise on Neuralgia. By Richard Rowland, M.D. London, 1838. 8vo., pp. 173.

The volume commences with some general considerations on the subject of neuralgia; particular forms of the disease are next treated of as occurring in external nerves; the consideration of the disease as occupying internal organs, together with some cases, terminating the volume.

We shall allude to Dr. Rowland's observations on spinal tenderness as accompanying various forms of neuralgia; a subject which we believe to be as much overrated by some medical men as it is underrated by others. We do not mean to advocate any theory on the subject; but merely to state as a fact, that there exist certain pains of a neuralgic character; that tenderness on pressure of the spinous processes of some one or more vertebræ coexists with such pains; and that relief is obtained by remedies applied to such painful vertebræ. The frequency of such a condition, we believe, has been much aggravated; and we are glad to find Dr. Rowland stating that, "with regard to the frequency of neuralgia from spinal irritation, my opinion does not coincide with the opinion of some recent authors; for, in the majority of cases, I have not been able to detect any sign of tenderness over the vertebral column; I have the authority of Dr. Alison for saying that he has arrived at the same conclusion." It is a question in these cases how far the spinal tenderness is a mere associate of the other pains; for it is not unfrequently found that a tenderness, apparently of the same character, exists in individuals apparently in good health. The same sign has been much lauded of late as a method of distinguishing from inflammation such abdominal pains as are of a neuralgic character. On this point Dr. Rowland speaks satisfactorily from his own experience. "After a careful examination of a large number of cases, I feel justified in remarking that this diagnostic sign cannot be trusted with safety. It is entirely absent in many cases of visceral neuralgia; and, in some cases of chronic visceral inflammation, unattended with disease of the spine, tenderness over the vertebral column is present." We think it worth noticing that the author has found that the troublesome pains which sometimes accompany shingles, are often instantaneously relieved by touching the painful vesicles with lunar caustic; but that it is generally better to apply the caustic to the whole of each group, or to cover them with a strong solution of this substance. In that affection termed by Sir A. Cooper *irritable breast* (by the author, *neuralgia mammae*), "much benefit may be derived, at least in the milder form of this affection, by the application of leeches, or by cupping over the sacrum or in the uterine region. I have often," says Dr. Rowland, "seen the symptoms disappear under this treatment, when no application has been made to the breast." It does not consist with our limits to make any further extracts from the work before us, which will, however, repay the trouble of an attentive perusal.—*British and Foreign Medical Review*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 12, 1839.

DIABETES MELLITUS.

IN the course of a familiar letter from Dr. Joseph H. Flint, of Springfield, Mass., a gentleman distinguished in the profession, he remarks, that within the last twenty years he has made post-mortem examinations of eight cases of this disease. Some of them had been under his own personal care, and others were patients of neighboring physicians, from whom he derived a complete history of each case. There were certain symptoms which it was clearly ascertained had uniformly preceded the development of the malady, and accompanied it through all its stages, that led him to suspect the existence of a cerebral affection, and—"I have therefore," says Dr. Flint, "in every case, examined the brain as critically as my knowledge of that organ enabled me to do." This course ultimately put him in possession of a series of interesting pathological facts, he conceives, connected with the origin of diabetes mellitus, which may be hereafter of considerable importance. "My convictions are," he adds, "that diabetes mellitus is a symptom of cerebral affection, *primarily*—and that death is in consequence of *lesion* of the brain. I am desirous that this suggestion may lead others to a more particular examination of the cerebral mass," which may eventuate in the discovery of a more successful treatment of a very remarkable disease, generally regarded as incurable.

Being satisfied, from our knowledge of Dr. Flint's character and powers of discrimination, that he has not made the foregoing suggestions without carefully weighting the ~~fact~~ in all its relations, it behooves those who have the opportunity, to verify his researches, or show how he has been deceived. As the subject will be likely to interest practitioners, they have a right to expect a full and carefully-drawn statement from our respected correspondent, as soon as the multiplied concerns of a large circle of practice will permit.

Medical Appointment.—By the removal of Dr. Parker from Cincinnati, the chair of surgery has become vacant. It is presumed that the Trustees of the Cincinnati College understand their interest well enough to know that Dr. Gross, now in the department of pathological anatomy and physiology, is esteemed to be the best qualified to fill Dr. Parker's place. To popular and courteous manners, he unites those profound attainments in science, which command respect at home, and operate favorably for the welfare of the College abroad. Provided an arrangement like this were made, which seems to be in accordance with the public sentiment, then the question will arise, who shall fill the chair of pathological anatomy? One of the best pathological anatomists in New England, resides in Boston, who must ultimately become a public teacher, because it is hardly possible to conceal his light much longer under a bushel. It is not because there is any disposition to urge a man to emigrate, that these intimations are given; nor do we wish to palm off a second-rate fortune hunter upon the people of the West; but from a conviction that there is no apology on the part of a great corporation instituted expressly for promot-

ing science, if the most competent men are not selected for vacant professorships.

It must ultimately come to this, in the United States, that the French system of concours will be adopted, as the most certain method of securing the first grade of talents for our schools of medicine. There is ordinarily an undertow working in behalf of favorites, which modest merit cannot compete with. Hence the dilapidated condition, nay, positive deterioration, of so many medical institutions at this particular time.

Officers and Counsellors of the Massachusetts Medical Society, elected May, 1839.—*President*, George C. Shattuck. *Vice President*, Nathaniel Miller, of Franklin. *Corresponding Secretary*, John Homans. *Recording Secretary*, Solomon D. Townsend. *Treasurer*, Walter Channing. *Librarian*, George W. Otis, Jr.

Counsellors. 1st Department.—Drs. James Jackson, Benj. Shurtleff, J. C. Warren, John Randall, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, S. D. Townsend, John Ware, Z. B. Adams, David Osgood, Edward Reynolds, Jr., Woodbridge Strong, John Jeffries, John Homans, George B. Doane, Jerome V. C. Smith, Geo. W. Otis, Jr., Samuel Morrill, Winslow Lewis, Jr.

2d Department.—Drs. Joseph Kittredge, Jeremiah Spofford, A. L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Richard S. Spofford, Calvin Briggs, Dean Robinson, Jonathan G. Johnson, Edward A. Holyoke, Wyatt C. Boyden, Rufus Longley, George Choate, George Osborn, Ebenezer Hunt, Charles O. Barker, William Prescott, Joseph Reynolds.

3d Department.—Drs. Thomas Bucklin, John Walton, Abraham R. Thomson, Timothy Wellington, Zadok Howe, William S. Walker, John C. Dalton, Josiah Bartlett, Daniel Swan, John O. Green, Joshua Green, Elisha Bartlett, Anson Hooker, Nehemiah Cutter.

4th Department.—Drs. Stephen Batchelder, John Green, Edward Flint, Benj. F. Heyward, Charles W. Wilder, Amos Parker, George Willard, J. Starkweather, John G. Metcalf, P. T. Kendall, J. S. Butler, Jos. Stone.

5th Department.—Drs. Joseph H. Flint, A. W. Stone, S. W. Williams, Eli Hall, Elisha Mather, B. P. Jones, David Bemis.

6th Department.—Drs. Henry H. Childs, Wm. H. Tyler, Asa G. Welch, Royal Fowler, Robert Worthington, Hubbard Bartlett.

7th Department.—Drs. Amos Holbrook, Nath. Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden, Noah Fifield, James Hewins, Charles Wild.

8th Department.—Drs. Alexander Reed, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall, Wm. A. Gordon, Paul Spooner, Samuel Sawyer.

10th Department.—Drs. Joseph Sampson, Aaron Cornish, Henry Tuck, Samuel Swift, E. P. Fearing, L. M. Yale.

Painful Affection of the Nerves.—Dr. Comstock, to whom we acknowledge ourselves, in common with the profession, greatly indebted for his various contributions to science, writes to us thus: "The account given of the sufferings of the poor boy at Charlestown, has induced me to address you at this time, and to inquire if the cyanuret-potassa has been used in his case. I have experienced so much of this remedy in allaying

nervous pain and irritation, that I have thought it a duty I owed to afflicted humanity to suggest it. I have usually used it in solution, say ten grains to an ounce of water. Doubtless blistering the part and applying sulphate of morphia has been tried. Blistering might precede the application of the cyanuret, and the strength of the solution be increased. The nitrate of silver, internally, has probably been administered in the form of pills. Have, also, the creosote and sach. sat. combined with opium, been used?"

Scarlatina in Maine.—A distinguished practitioner in Maine thus writes in relation to scarlet fever: "Several years since we had a tremendous rush of it. My neighbors lost almost all their first cases. After losing two, I changed my practice entirely, and out of twenty-two daily cases, did not lose another. The course was different from any I have seen reported in your Journal, and at my leisure I will give you the outlines of it. The practice in Europe, as well as here, has certainly been most unsuccessful—I might say, in fact, disastrous." On recognizing this note, which was extracted from a recent letter, we hope the talented author will not forget the importance of such a communication as he intimates may be hereafter prepared.

Compound Tooth Instruments. To the Editor.—SIR,—In reading the "Medical Miscellany" in the Journal of June 5th, I perceived that "a mechanic of Amesbury claims to be the inventor of the tooth instrument which I presented you." As these instruments answer well the purpose for which they were designed, it is not singular that a wish to claim, at least, a part of the invention, should be started by others. In regard to the "mechanic," if he is the one whom I called on to make the patterns (and I know of no other who could be tool enough to make such an assertion), I would say that it is very singular that he should have the capacity to guess out an instrument for extracting teeth, whose parts are so well adapted, when he probably never saw a tooth instrument of any form, unless it was whilst passing from the surgeon's hand to his mouth. If making, or rather attempting to make, patterns from drawings, whose every part and principle was laid down by me, entitles him to the invention, it shall be accredited to him. Without detracting from his mechanical powers, I will add, that I was under the necessity of making the patterns myself.

Yours respectfully,

Salisbury, June 6th, 1839.

I. B. GALE.

P. S.—These instruments are for sale by Mr. Metcalf, Tremont street, Boston.

I. B. G.

Medical Miscellany.—A ship carpenter, in New York, was poisoned last week by what was supposed to be a soda powder, sent from a druggist's shop.—Several New York papers praise the lectures on surgical anatomy and operative surgery, which have lately been delivered in that city by Dr. John Carnochan.—Dr. McMunn's elixir of opium is puffed without stinting by the editor of a comatose hebdomadal in a neighboring State. We are unwilling to believe that those eminent physicians whose names are familiarly appended to the wholesale vender's advertisement, ever had anything to do with it.—A medical student in New York, on being sued for his board bill, filed an account for feeling of the landlady's

pulse, but lost the case, not having the law on his side, because he was not a medical graduate.—Dr. Lewis amputated the arm of another man at Burnham's bakery, at Roxbury, on Thursday last, who was caught in the same machinery which obliged the surgeon to take the limb off at the shoulder-joint a short time since.—The annual circular of the Medical Institution of Yale College, for the term of 1839-40, is already circulated.—Dr. Francis S. Beatlie has been appointed collector of the Port of St. Marks, Florida.—Dr. Thomas H. Hall, of North Carolina, is a candidate for Congress. Dr. Montgomery, of the same State, was a member last year.—Dr. John Davy, brother of Sir Humphrey, is about publishing the complete works of that celebrated chemist, in 10 8vo. volumes.—The operation for laceration of the perineum, by the quilled suture, as practised by M. Roux, has lately been successfully performed in England by Mr. Robert Davidson.—Mr. Everitt, of the Medico-botanical Society, London, recommends that all extracts, which are to be preserved for any length of time, be first entirely freed from moisture by placing them under an air-pump with sulphuric acid, and then kept in a close-stopped bottle.—Enos Hoyt, M.D., of Sanbornton, N. H., was recently re-elected president of the New Hampshire Medical Society.—Dr. Fletcher's truss is taking a high stand among the late inventions.

Money Mis-sent.—On the day of the annual meeting of the Medical Society, Dr. Huntington, the Mayor of Lowell, banded the editor of the Journal, by request, a paper containing \$10 50. On the outside there is written—"from Watts." The publisher has no account with any person of that name. The money, therefore, waits the order of the owner.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 463 ft.

1839. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS- THER.		Remarks.	
									H ^{gt}	L st		
	5 A.M.	8 P.M.	5 P.M.	5 A.M.	8 P.M.	5 P.M.						
1 Wed.	48	52	50	29.30	29.31	29.29	N E	Cloudy	47	54	Plant. China corn & Rohan potat.	
2 Thur.	48	69	67	29.21	29.20	29.20	S	Clear	47	72	Thund. rain. Mis. currant in bios.	
3 Frid.	55	58	46	28.91	29.04	29.17	N W	Clear	52	61	Th. storm, wind, great rain. Peach	
4 Satur.	36	48	46	29.29	29.40	29.48	N W	Clear	34	50	[trees in bios.]	
5 Sun.	32	55	50	29.50	29.39	29.30	S W	Clear	31	58	High wind, showery.	
6 Mon.	40	60	58	29.42	29.44	29.40	S W	Clear	31	64	Wild cher. & W. Colum. in bios.	
7 Tues.	39	60	51	29.45	29.53	29.53	N	Clear	38	58		
8 Wed.	32	58	50	29.61	29.54	29.38	S W	Clear	30	56	Fly honeysuckle in blossom.	
9 Thur.	54	68	62	29.30	29.39	29.48	N W	Clear	46	69	Lightning, showery. Aurora bore.	
10 Frid.	40	62	54	29.54	29.50	29.55	N W	Clear	39	64	Apple trees in blossom. Do.	
11 Satur.	38	61	58	29.53	29.50	29.49	N W	Clear	35	61	Actæa in blossom. Do.	
12 Sun.	38	64	61	29.48	29.49	29.46	N W	Clear	34	59	Rhodora & Flow. Almond in bios.	
13 Mon.	45	68	58	29.39	29.40	29.35	S	Clear	43	69	Rain in n't. Tartarian Honeysuc-	
14 Tues.	56	62	58	29.15	29.07	29.10	S	Rain	43	64	[kle in bios.]	
15 Wed.	52	78	70	29.24	29.32	29.30	S	Clear	48	72	Showery in the night. Aurora	
16 Thur.	58	76	64	29.30	29.33	29.30	W	Clear	57	74	Showery. Lilac in blossom	
17 Frid.	56	66	58	29.30	29.33	29.34	W	Clear	53	66		
18 Satur.	51	67	62	29.38	29.40	29.40	N W	Clear	48	67	Persian Lilac in blossom.	
19 Sun.	48	68	67	29.40	29.40	29.34	N W	Clear	46	70	Jessamine in blossom.	
20 Mon.	58	78	68	29.28	29.24	29.43	N W	Clear	56	76	Iris in blossom.	
21 Tues.	48	65	60	29.48	29.43	29.26	S W	Clear	44	69	Geranium maculatum in blossom.	
22 Wed.	51	52	50	29.25	29.36	29.44	N E	Rain	43	53	Tulips in blossom.	
23 Thur.	45	60	52	29.57	29.68	29.65	S E	Cloudy	45	63		
24 Frid.	44	52	51	29.56	29.50	29.45	N E	Cloudy	44	55		
25 Satur.	50	67	67	29.35	29.28	29.25	S W	Clear	48	73	Severe Thun. storm in the morn.	
26 Sun.	54	73	69	29.28	29.30	29.31	N W	Clear	54	73	Mountain potentilla in blossom.	
27 Mon.	58	73	65	29.24	29.20	29.15	S E	Cloudy	56	74	Scotch Rose in blossom.	
28 Tues.	61	72	68	28.99	29.00	29.01	S W	Clear	60	74	Rose Locus or Acacia in bios.	
29 Wed.	58	74	66	29.00	29.04	29.05	S W	Clear	59	73		
30 Thur.	54	65	58	29.05	29.10	29.15	N W	Clear	53	65		
31 Frid.	48	65	56	29.18	29.16	29.17	N W	Clear	45	63		

The month of May has been very favorable to vegetation, and the season is unusually forward. There has been a plentiful supply of rain, and some severe storms. The thermometer has ranged from 35° to 78°; the barometer, from 28.91 to 29.68. The month has been damp, and not unusually warm.

ERRATA.—In Dr. Comstock's essay on Scarlet Fever, the word *congeries* was misprinted several times for *congeners*.

MARRIED.—In Durham, N. H., Alphonzo Bickford, M.D., to Miss Mary J. Smith.

Whole number of deaths in Boston for the week ending June 6, 38. Males, 14—females, 24.

Of consumption, 8—croup, 1—drowned, 4—disease of the spine, 1—typhous fever, 2—lung fever, 1—casualty, 1—dropsy, 1—scarlet fever, 4—dropsy on the brain, 1—teething, 1—decline, 1—child-bed, 3—hooping cough, 1—infantile, 1—suicide, 1—inflammation of the brain, 1—old age, 1—disease of the brain, 1—debility, 1—inflammation of the bowels, 1—stillborn, 1.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated
18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peizotto to Dr. Thompson, dated
Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.
June 12—1y

OUTLINES OF THE INSTITUTES OF MEDICINE.

FOUNDED on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of *Sketches of Epidemic Diseases in the State of Vermont*, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 676.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage."

"New York, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston.

M 20.

A GOOD STAND FOR A PHYSICIAN.

A PHYSICIAN, doing a good business in a pleasant village in the County of Worcester, wishes to introduce some active practitioner into his business, upon the most reasonable terms. Inquire of the editor of this Journal—postage paid. J. 5—1f

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lyeop

33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XX.

WEDNESDAY, JUNE 19, 1839.

No. 19.

MEMOIR OF DR. NEHEMIAH CLEAVELAND.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following memoir of the late Dr. Cleaveland, of Topsfield, was prepared at my request by his son, Mr. N. Cleaveland, of Byfield. It was read before the Essex South District Medical Society, of which Dr. Cleaveland was a much respected member. No man amongst us set a better example of professional integrity and honor, and his son has drawn his character in colors, which, from the natural fear of being charged with filial partiality, are the reverse of being extravagant. The few who could boast of his friendship will long remember, with pleasure, the virtuous and kind-hearted old man, whose influence was uniformly and efficiently exerted in support of good order and the true advancement of society.

He died on the 26th of February, 1837, of a most painful disorder. Inflammation and slow ulceration attacked the stomach, and after occupying the superior third of the mucous and muscular coats, finally, a few days before his death, penetrated the diaphragm, and opened a communication with the thorax. The whole of this process occupied about a year, during every day of which his character beautifully developed the results of religious training and cheerful resignation to the will of God. Our American patent of nobility is *to come of a good stock*, and this inheritance the late Nehemiah Cleaveland, M.D., both received and transmitted.

Respectfully yours,

Salem, June 2d, 1839.

A. L. PEIRSON.

My father was born in Ipswich, on the 26th of August, 1760. *His* father, the Rev. John Cleaveland, was for more than fifty-two years minister of the parish, then known by the ancient Indian name Chebacco, and since incorporated as the town of Essex. I have no recollection of my grandfather, who died when I was but four years old. But his image, derived from oft-repeated description, is vivid before me. A clergyman of the old school—of erect port—urbane, yet dignified—an ardent, animated preacher—a faithful pastor, and a Christian patriot. In the French war he served as chaplain at Louisbourg and at Ticonderoga. In the war of the Revolution, he again became attached to an army; and at Cambridge, in New Jersey and New York, was heard imploring blessings on a cause which he believed to be that of justice and of God.

Catching his spirit, and following his example, three of his sons enlisted in the army. John, the eldest, had a commission as lieutenant. After his term of service expired, he devoted himself to theological studies, became an exemplary minister of the gospel, and died, lamented, about twenty-two years ago.

Parker, who was about two years younger, studied medicine, and had commenced the practice in Rowley (Byfield parish), before the revolutionary war broke out. He then obtained the appointment of assistant surgeon in the army. After serving a few months in that capacity, he returned to the more quiet scenes of domestic life, and a country practice. He had a mind uncommonly able and discriminative. Besides being a most observant, judicious and skilful physician, he was a thorough politician and sound theologian. He certainly had the ability and merit to have filled a sphere wider and more brilliant than that in which it was his lot to move. But he lacked the tact and worldly wisdom which enable a man to make the most of his advantages, natural or acquired. It was a common remark in regard to Dr. Parker Cleaveland, that, as a physician, he was too honest. His is by no means the only instance in the annals of medical men, where solid merit has been left to pine in neglect and poverty, while the ignorant and empirical, by flattering the caprices and indulging the whims of patients, have secured the business and enjoyed its emoluments. Dr. C. died eleven years ago, at the age of seventy-four. Two sons survive him, who inherit his talents, and stand high in public estimation.*

Nehemiah was in his sixteenth year when he enlisted, as attendant on his father, in the army, then investing Boston. At a later period he served as a common soldier in New Jersey and at West Point. The remaining years of his minority were passed at home. Stripling though he was, on him devolved, at that critical and distressing period, the almost entire support of the family. He restored to good order the little farm which had suffered from absence, neglect and mismanagement. He devised ways and means—he labored hard with his own hands—and formed those habits of order, frugality and industry, which he maintained through life.

It was his father's wish, and conditional promise, that he should have a college education. But the formidable expense—the *res angustæ domi*—and the importance of his services at home, concurred to prevent. His early opportunities for instruction were exceedingly limited. The extent to which, amid cares and business, he supplied these defects in later life, strikingly exhibited the energy of his mind and character.

As soon as he was at liberty to do so, he entered his name as a student in medicine, with Dr. John Manning, of Ipswich, a good physician, at that time enjoying an extensive practice. He remained with Dr. Manning somewhat more than a year, and then completed his medical studies with his brother at Byfield. Just as he got ready to practice, a vacancy was made in Topsfield, by the death of Dr. Dexter. My father removed to that place at the close of the year 1783. Dr. Dex-

* Parker Cleaveland, Professor of Chemistry and Mineralogy in Bowdoin College, and Rev. J. P. Cleaveland, President elect of a college in Michigan.

ter left a handsome estate, the fruits of a practice somewhat extensive and lucrative. His library and stock of medicines were sold at auction. My father purchased them. The library—hear it, ye ill-starred doctors of later times, who must toil through many a wearisome tome, and whose shelves groan under a weight of medical lore—the library of this popular and successful physician consisted of just *two* books!

My father soon found employment. He early secured, and ever retained, so long as his health permitted him to attend to it, the larger and better part of the medical practice of the place. He was likewise often called into the neighboring towns, Ipswich, Hamilton, Wenham, Middleton, Boxford, and particularly Danvers.

Very soon after coming to Topsfield, he received a commission as Justice of the Peace, at that time a distinction of some value. This appointment opened to him an additional field of labor. He turned his attention to those points of law and statute which come within the jurisdiction of the civil magistrate, and soon qualified himself to discharge his duties with accuracy and fidelity.

In 1787 he married Lucy, eldest daughter of his instructor, Dr. Manning. She was a lady of great excellence, but died in 1791 without issue. In the following year he was again married to Experience, daughter of Dr. Elisha Lord, of Pomfret, Conn. By this connection he had nine children. Three died in infancy. The others, with their mother, survive.

At this period of his life he was often employed as a referee, often on committees for laying out roads, and other matters of the kind, which require a knowledge of business and a sound judgment. In 1811 he was chosen into the Senate of this Commonwealth. In 1812 he was ousted by the operation of the Gerrymander law. But the change in public sentiment, produced by that high-handed measure, restored him in 1815. He retained his seat by successive elections until 1819, when he declined being a candidate. I am not aware that while a member of this body he ever engaged in debate. In this respect he felt, probably, an unnecessary diffidence. In comparing himself with others, he thought too much of his early disadvantages. But his weight of character, his knowledge, judgment, and good sense, were felt and acknowledged by his associates at that board. Among them were some of the first men in the State—men whose approbation was *praise*—and who, then, and ever after, when occasion offered, evinced that he had secured their esteem and regard.

In 1814 my father was appointed a Session Justice of the Circuit Court of Common Pleas. From 1820 to 1822 he was Associate Justice of the Court of Sessions, and in 1823 he was appointed Chief Justice. For this station he was well fitted by his knowledge of business, his sound discretion, and his unyielding firmness in all questions of principle and duty. This station he retained until 1828. From that time he was engaged in no public business.

In 1824 he received from Harvard University the honorary degree of Doctor in Medicine. This attention was not less pleasing, in that it was equally unsought and unexpected.

Dr. C. was just six feet in height. His form was erect, dignified, commanding. Until past thirty, he was spare and slender. He afterwards became corpulent—weighing, at one time, two hundred and sixty-five pounds. Yet such were the height and proportions of his frame, that his corpulence never materially injured its symmetry. His health, until he was about fifty years old, was uncommonly firm. He shrunk from no exposure—sunk under no hardship. His first severe sickness he supposed at the time to be an attack of colic. A repetition of the attack, attended by clearer symptoms, convinced him that his sufferings arose from urinary calculi. The debility and emaciation produced by these attacks of excruciating pain were very great. He felt that his constitution was broken up, and that his lease of life had probably dwindled to a span. Though he at length recovered, in a good degree, his strength, and resumed attention to business, he never after regained his former firm health. He continued to be subject to attacks of severe pain and confinement, and scarcely ever rode without feeling more or less uneasiness. A sulkey, which he used constantly for the last twenty-five years, was the only vehicle in which he could ride with tolerable comfort. Whether this was owing to its greater easiness, or the peculiar nature of its motion, may be a question of some interest with medical men.

Knowing that you are familiar with the principal circumstances of the long and painful illness which preceded his death, I deem it the less necessary to enter into detail. The beginning of that illness was manifested by severe pain after taking certain articles of food. The same result successively followed the use of other things, till, at length, there was no article of solid food, and but one or two liquids, which he could take without distress. These privations and pains, with many which seemed to result from other causes, he bore with equanimity and resignation. To the end of life—in opposition to the opinion and wish of friends and of physicians—he declined almost entirely the use of those narcotics which would have relieved his pain, lest they should deaden his intellectual and moral sensibilities.

A brief allusion to some of his personal traits will not, I trust, be deemed unbecoming. A slight acquaintance with my father would suffice to identify him with a school which has passed, or is fast passing, away. He was nursed in the puritan strictness of earlier times. His character, early formed and invigorated under the pressure of hardship and stern necessity, and amid the thrilling scenes of the Revolution, exhibited in his maturer years the strength and firmness which might be expected from such training. There was no effeminacy about him. He regulated his life with the closest regard to principle. If his strictness sometimes bordered on severity, his severity was of the wholesome kind. With all this, his natural sensibilities were quick and tender.

In public affairs and political questions, he took, from his first entry into active life, a lively interest. Of his political opinions his children will never feel ashamed, for they can say that they were those of Hamilton, Jay, and Washington. In politics his course was decided and unwavering. With the class, so numerous of late years, who fashion

"their doctrines to the varying hour," he had neither fellowship nor sympathy.

As a physician, he was much esteemed by those who had opportunity to learn his worth. He made, indeed, no pretensions to extensive medical lore—he attempted no difficult surgical operations. But he had—what all the schools of medicine cannot of themselves supply—an observing mind, a retentive memory, a good judgment, and a high sense of responsibility. Nor did he, like too many country physicians, neglect the reading of medical books and journals. His practice was always prudent and cautious—qualities which young and ardent physicians are not apt sufficiently to admire. He was punctual in attending to calls, and kind and cheerful in the sick room. He possessed, in a high degree, the qualities which ensure to a physician the confidence and attachment of his patients. These feelings were often and very strongly manifested. Amid the strife of parties and the collision of rival interests, a man so decided and active could not be without opponents. These he had, and bitter ones. Yet it was no uncommon thing to hear even the bitterest say, that Dr. Cleaveland was a *good physician*—while they gave every proof of sincerity by employing him still.

The position of a medical man in a small country village is, in some important respects, very different from that of the city practitioner. The division of labor, in large towns, very naturally shuts the physician up to his chosen and appropriate sphere. But the country doctor will find many opportunities and calls to do good, for which the faculty, as such, give no prescriptions. Happy he, who has the power and disposition to meet such calls. During the fifty years of my father's practice in Topsfield, few days probably passed, when his opinion or assistance was not sought in some matter aside from his profession. I believe, too, that I shall be borne out by those who knew him best and longest, in saying that there were few occurrences or questions, incident to common life, in regard to which he had not formed an opinion, or could not give judicious advice. Indeed the mere fact that through so long a series of years confidence continued undiminished—the oracle being consulted to the very last—proves that the responses had not been found unsafe or fallacious. The happy influences of so long a course of beneficent action are not to be estimated. How many quarrels have been arrested—how many lawsuits prevented—how much needless expense and trouble saved, in a thousand instances, by the timely, the un-feed advice of a judicious and peace-making neighbor.

I should do injustice to my own feelings, and to my father's memory, should I conclude this imperfect sketch without making mention of his religious sentiments and character. In these matters—all important as he deemed them—of belief and practice, his course was open and decided. Trained in the orthodoxy of primitive times, his early opinions were confirmed by the personal and careful investigation of his maturer years, and he was abundantly able to give a reason for his faith, as well as his hope. Opinions so decided—so cherished—could not be without their influence; they moulded his character and shaped his conduct. The diffusion of truth—the suppression of vice in every form—the

spread of religion, pure and undefiled—were objects for which he loved to pray—for which he labored, and to which he contributed liberally of his substance. Yet after a long life employed in doing good, his hopes, his dependence, were in Christ alone. Thus sustained, thus soothed,

“Faded his late, declining years away.”

Thus sustained, thus soothed—from the midst of the affectionate circle which had learned of him to venerate true worth—with undisturbed serenity, and undiminished hope, he sunk gently to the tomb.

LETTERS FROM THE WEST.—NO. I.

LEXINGTON, KY.—MEDICAL SOCIETY.—MEDICAL SCHOOL.—DR. DUDLEY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I am now in one of the most delightful cities of the West, enjoying the hospitality of good-hearted Kentuckians, and associating daily with medical gentlemen who are well known throughout our country, and who have long sustained a reputation which renders them ornaments to our profession. I have a great deal to tell you, and scarcely know where to commence or how to proceed. You are aware, I presume, that Lexington, for a great number of years, was the focus of medical science in the West. Here were assembled, as early as 1810, the most distinguished members of the profession, perhaps, at that period in the Mississippi Valley. And she still sustains her high standing. She ranks equal with her sister cities in point of medical talent, but finds pretty active rivals in Cincinnati and Louisville. Near about the time I have mentioned the Lexington Medical Society was organized, the first institution of the kind ever formed in the West. In 1815 the foundation of a medical school was laid, but it was not fully organized until the fall of 1819. This created great excitement among the principal medical men of Lexington, and led to a great deal of bitter animosity. Dr. Drake, of Cincinnati, who was chosen one of the lecturers, and Dr. Dudley, the lecturer upon anatomy and surgery, became involved in a severe controversy, and, for a short time, the prospects of the young school were by no means brilliant.

It will be proper here to state that the project had in view was to establish a medical department of Transylvania University, and although, as I have before stated, this was not effected until 1819, yet the association of physicians, who were at this time delivering lectures, by leave of the University, was styled “The Medical College of Transylvania University.” As a specimen of the sarcastic talent of the two gentlemen engaged in the public controversy, I will extract a sentence or two from their pamphlets. Dr. Drake was charged by Dr. Dudley with an attempt to destroy the College. He founded his charge chiefly upon the facts that he left Lexington and started a medical school at Cincinnati. Dr. Drake came out in a lengthy pamphlet, denying the charge. Dr. Dudley replied. From this reply I make the following extract. “But, sir, what will the learned say, on being told that Daniel Drake,

author of the "Picture of Cincinnati," he whose name is already enrolled in the proud list of American literati, is also the author of a pamphlet, unprecedented for its low vulgarity, unequalled for its abuse of individual character. Surely botany, mineralogy and geology, those high departments of science to which you have invited public attention, acknowledge no alliance with that low art of which the grovelling technicality consists in liar, scoundrel and villain."

Shortly after Dr. Dudley's pamphlet appeared, Dr. Drake came out in a "Second Appeal" of thirty-four pages duodecimo. From this I send you the following extract. "As Dr. Dudley has given us to understand, in the second line of his book, that he is a scholar, it may not be amiss to devote five minutes to a consideration of his character as an author. As far as I know, Dr. Dudley is the author of three different works: an inaugural dissertation—a letter addressed to me, inserted in my first appeal—and the pamphlet before me. The first ought to have been suppressed by his friends, and should not now be dragged before the public; the second would be a fair subject for criticism, if its grammar, orthography and punctuation, were not so wretched as to sink the dignity of any reviewer who might condescend to touch it. * * * * *

* * * * * I now proceed to an examination of the *chef d'œuvre* of the doctor's literary labor—his pamphlet."

This is the way they used to quarrel here, and I can assure you the spirit is kept up to this day. Every medical school which has since been organized in the West, save the Lake Erie Institution, has commenced with a big quarrel. One school, indeed, projected by Dr. Drake (the medical department of Miami University), was quarrelled out of existence before it had time to breathe completely. The enmity between Dr. Drake and Dr. Dudley has long ago been adjusted, and they are now on friendly terms. The breach between them was healed in two or three years subsequent to their controversy, so that the little extracts I have given will serve as matters of merriment.

The medical department of Transylvania University went into successful operation with the following faculty, the first ever organized west of the mountains—Drs. Dudley, Caldwell, Brown, Richardson and Blythe. The first session the school numbered 37 pupils and 7 graduates. Its increase has been gradual, until now it averages 260 pupils and 75 graduates. Several changes have taken place in the professorships from time to time, and a few difficulties have occurred recently, which for a time seemed to blight the prospects of the school; but I believe no serious injury has been sustained, and Transylvania bids fair to flourish. The faculty now consists of the following gentlemen: Dr. B. W. Dudley, professor of Anatomy and Surgery; Dr. Cross, professor of Institutes and Medical Jurisprudence; Dr. N. R. Smith, professor of Theory and Practice; Dr. Wm. H. Richardson, professor of Obstetrics and Diseases of Women and Children; Dr. Thomas D. Mitchell, professor of Therapeutics and Materia Medica; Dr. Robt. Peter, professor of Chemistry and Pharmacy. The late munificent endowment of the city council of Lexington (\$45,000), will enable the trustees to obtain every requisite material for the advancement of the

school. And they are losing no time. A splendid medical hall will be erected by the ensuing session, and one of the professors is now on his way to Europe to obtain books and apparatus.

No man enjoys a more extensive reputation than Professor Dudley. His character as a surgeon is established in Europe and America; and as a lithotomist, he certainly has not his superior in the world. His practice (medical and surgical) is remarkably simple. I have heard him disapprove of the many complicated surgical apparatuses for fractures, dislocations, &c., of modern times, and declare that the bandage, properly applied, would entirely supersede their use. He never makes use of splints of any kind in his dressings, applying nothing but the bandage. This he does in such a manner that the muscles involved in a dislocation or fracture are so completely paralyzed that the injured parts are left quietly to restoration, while at the same time the pressure exerted, although very powerful, is so uniform that the circulation is not disturbed.

In operating he uses few instruments, but they are well selected. He does not approve of lithotripsy, lithontripsy, or any of the improvements upon Civiale or Heurteloup; preferring, always, the plainest possible style of lithotomy. In the administration of medicines he observes the same simplicity. Calomel, t. emetic, opium, ipecac, and a few of the vegetable cathartics, constitute almost his entire materia medica. If I am not mistaken, he has never, in his life, administered a grain of morphine or ten grains of quinine.

As a lecturer he is generally admired. His language is plain and forcible, and conveyed with an impressive diction. He has written but very little for the press, and probably never will write anything of the character of a volume. He has been promising the medical classes in Transylvania, for the last eight or ten years, to publish a work on surgery, by the ensuing session; but it has never appeared. In his private life he conducts himself in a manner which renders him worthy the admiration of all. He is quite affable in his manners, and pleasant in his conversation. He is small in stature. I suppose his age must be fifty-five or sixty.

My letter, I think, is about as long as it ought to be, and I shall close.

My next will probably be from Cincinnati.

Your friend,

Lexington, Ky., May 20, 1839.

W. J. B.

CASE OF CHOREA, WITH REMARKS.

BY EDWARD WARREN, MD.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN called to a case of chronic nervous disease, especially if it be of spasmodic character, it is seldom that we can have any very sanguine hopes of seeing any immediate benefit produced by our remedies. On the contrary, we have to apprehend that the affection will baffle all our efforts to subdue it, or that it will only yield after an obstinate and perplexing resistance.

Of late years, the treatment most universally considered as beneficial in chorea, has consisted in the exhibition of purgatives. Antispasmodic remedies were of course naturally resorted to, and tonics have their advocates. Others, considering that the disease is generally excited by worms, rely principally upon anthelmintics. On the whole, however, there is perhaps a greater union of opinion upon the treatment of this, than of most other diseases.

Chorea is generally preceded by habitual constipation, furred tongue, diminished or morbid appetite, and very frequently by worms.

The case I have to relate has little in it that is peculiar, but it affords a good illustration of the effect of remedies, from which benefit was derived earlier than is generally to be expected.

The grand object to be held in view in affections of this kind, is in the first place to remove all sources of irritation from the stomach and bowels, and to bring them into a healthy state. The second object is to give tone to the nervous system, where, as in most cases, tone is required; or to remove plethora when the disease exhibits the entonic character. I believe, however, that entony is rarely a cause of nervous spasmodic affections. Spasm is far more generally the result of weakness than of strength.

May 19th.—I was desired to visit A. B., a lad of about thirteen years of age, of spare habit. He had for about eighteen months past been subject to spasm of the facial muscles, which had gradually increased, and extended to the whole body. I found him to be of a very shy, timid disposition; any observation increasing the convulsive motions, which were incessant, to a great degree. Before the affection commenced, he had been subject to worms, and had passed several of great length within a day or two before I saw him. His tongue was thickly coated, bowels constipated, appetite voracious. He had received medical advice a year before I saw him, but the effort to swallow the medicines produced such violent spasms, that they were abandoned. His sleep was uneasy and frequently disturbed; and a severe paroxysm came on every night soon after he went to bed. He had also pain in the small of the back.

In order to obviate the difficulty produced by taking disagreeable medicines, I directed pills composed of calomel, jalap, rhubarb and aloes combined, which by their being minutely divided he was able to swallow in sufficient quantity to act as a powerful purgative. He was confined to a strict but nourishing diet, friction and rubefacients applied to the spine, and an anodyne pill given at bed-time every night.

On my second visit I found him much better. The medicine had operated powerfully, the spasms were less, the tongue much cleaner, and the appetite more moderate. The pills were continued every other night for a little over a week, and his improvement was rapid. I next directed him to make use daily of a cold shower bath, to which at the time he showed no aversion.

On my subsequent visit, he was not quite so well. The shower bath had excited violent spasms in consequence of his dread of the cold water, and his nervous system had not recovered itself when I saw

him. I advised, therefore, that no further attempt should be made to use the shower bath ; but that he should gradually accustom himself to the use of cold water by sponging daily, and employing it more and more freely until he became habituated to it. After the sponging, friction was employed for some time every morning, and then the rubefacient wash applied to the lower part of the back. This wash was of sufficient strength to create some irritation, but not to remove the cuticle. The friction was repeated at night.

June 2d. Much better. Finds no difficulty in sponging with cold water. The nocturnal paroxysms have entirely disappeared.

After he had continued the purgative course for about a fortnight with great benefit, I directed him to take the tincture of muriate of iron, in rose water, with syrup of orange peel, about fifteen drops three times a-day. This was continued for a week or two, when the sulphate of quinine was substituted. After a short time longer, he had become so habituated to the use of medicines, and had acquired so much confidence in their efficacy, that I ventured upon a trial of a preparation containing turpentine, in which, however, the taste was as much disguised as possible. He took this without much difficulty, and he continued to improve. No perceptible benefit was derived from the turpentine ; no more worms were passed ; and after a short trial it was discontinued. The iron and quinine were resumed and given alternately, and cathartics as occasion required. It appears to me that much of the benefit of tonics is often lost, and bad consequences are frequently produced by them, in consequence of sufficient care not being taken to keep the bowels in a cool state and free from irritation, by the occasional exhibition of a cathartic or laxative, and by preparing the way for them in this manner before they are commenced. In most cases, a tonic will act much more beneficially if preceded by a cathartic.

I continued to visit my patient until the first of August. His improvement had been steady and progressive, his appetite was healthy, tongue clean, no pain in the back. He rested well without opiates, and had no nocturnal paroxysms. The convulsive motions were now slight, and less frequent. To complete the cure, I advised his removal into the country.

Boston, June 10th, 1839.

CREOSOTE IN APHTHÆ.

A MEDICAL friend, residing in Virginia, makes the following remarks at the close of a letter.

"I wish to propose to Dr. Hitchcock, for consideration or trial, the use of creosote in aphthæ of the œsophagus, &c. A remedy for chronic aphthæ is a desideratum in these parts. My friend, Dr. W. A. G., is pursuing such a remedy with great ardor. He writes me that he has a case now on hand, of a truly obstinate character. The generality of physicians, I suppose, would pronounce *creosote* dangerous in such cases, if not entirely inefficient.

We are making a trial, in this neighborhood, of the *ioduretted hydrarg.*

potass. in doses of about 5 drops, in a case of inflammation about the eye. Some have pronounced it a case of cancerous character. The sight of one eye has already been destroyed. The iodine has been used for some time for the purpose of reducing a small tumor near the canthus of the eye. The gentleman whose eye is thus affected is a wealthy and truly respectable citizen, and of course we feel a delicacy in mentioning his name or in pronouncing it a cancer. We should be glad, however, of any information concerning the *io. hy. potass.* in such a case."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 19, 1839:

HISTORY OF AMERICAN SURGERY.

THROUGH all the changes that have taken place in our country, from the earliest period of its civilization down to the present moment, surgery has been skilfully and successfully practised. Even before the revolution, there were operators of distinguished attainments settled in the colonies, who not only closely followed the systems taught in Europe, where most of them had been educated, but they exhibited a boldness and ingenuity that won the confidence of the people. In the great struggle for independence, men of every rank and condition from the old world rushed to the theatre of war, and generously assisted, by their superior advantages, in laying the foundation of those institutions which now give so much character to the United States. Both physicians and surgeons from England, France and Germany, felt a sympathy for the oppressed, and the patriotism which influenced them to leave the polished circles in which they moved at home, to join the needy armies under the renowned Washington, should never be lost sight of by posterity. The first native operators had their instruction, therefore, from persons who were qualified in the best schools and hospitals of Europe. From the very beginning, in fact, operative surgery has not been obliged to contend with those embarrassments which have characterized the domain of clinical medicine. While physic has had its brigades of ignorant pretenders, the art of surgery has rarely fallen into ignorant hands.

Here in New England, the late eminent Dr. John Warren, of Boston, and Dr. Nathan Smith, of New Hampshire, enjoyed a merited reputation which few or none, perhaps, in modern times, can expect to obtain. Their fame extended over a vast extent of territory, and even at this day their authority is quoted with an air of confidence. Dr. Le Prelate, an uncommonly accomplished surgeon, who came from France and settled in the neighborhood of this city, should by no means be lost sight of in chronicling the chiralurgical events of the north. To these wonderful men, succeeded the present Dr. Warren, of Boston; Dr. Twitchell, of Keene, N. H.; and a host whose names and exploits are familiar, who are located in various places—the central points, from whence a widely-extended fame is continually increasing.

In New York, without going further back than the memory of the late

Dr. Post, most interesting details might be furnished, of importance to the historian of the art.

These thoughts took their rise in consequence of ascertaining that John R. W. Dunbar, M.D., of Baltimore, is earnestly engaged in collecting materials for a work on the history of American surgery. The labor could not have been voluntarily undertaken by a more competent person. It necessarily embraces a long period of time, and will oblige him to collect the personal biography of a multitude whose influence is still felt, while their names, if much longer neglected, will be wholly lost to the archives of fame.

It will be a praiseworthy act to favor Dr. Dunbar with sketches of characters, reports of surgical cases, together with newspaper accounts of olden times, when properly authenticated. Series of the first medical journals published, with the uninterrupted files, are indispensable to him, and we venture to hope that the profession, in every part of the country, will transmit, for his use, all such auxiliary assistance as may be at their disposal. Pamphlets, inaugural discourses on the occasion of the induction of a teacher to a chair of surgery, together with manuscript notes of gentlemen, taken during their pupilage, will all be serviceable in enabling the compiler to complete the history in a manner acceptable to us all.

As the subject is extensive, embracing a broad geographical field, it is hardly possible that the public should be gratified with the result of the author's inquiries and researches very speedily. There is no pressing necessity for hurrying it through the press in an unfinished condition—a few years, if years are required, are of but little consequence, compared with the importance of having facts properly arranged, and judiciously selected. Dr. Dunbar has certainly taken up unoccupied ground, which promises an abundant harvest. He has nothing to fear from competitors, and consequently if he does not secure an imperishable name for himself, while rescuing the memories of others from the accumulating dust of ages, the world—especially that part of it included within the boundaries of North America—will wonder how it happened.

American Medical Almanac.—The first edition of two thousand copies, of that useful medical remembrancer, the American Medical Almanac, met with such rapid sale, that an edition of *six thousand* is contemplated in the second number of the series, for 1840. Gentlemen are respectfully requested to favor us with such statistical materials as will most conduce to the general utility and interest of the work. All medical associations, the names of presiding officers, locations—whether of State, county or town, are solicited. Statistics of American hospitals, with names of the principal medical officers, term of office, compensation, annual number of patients, &c., in the cities of Philadelphia, Baltimore, and the States of North and South Carolina, Georgia and Louisiana, are greatly desired, from competent sources. Facts, in the fewest words, will be highly acceptable. All such papers, however, should reach us before the 15th of August, to be serviceable in constituting the pages of the next volume of the Almanac.

Deep-seated Disease of the Bones.—By looking back to page 256 there will be found detailed, in a general manner, the condition of a boy in Charlestown, Mass., who is suffering excruciating agonies, from time to

time, by what is supposed to be a disease of the anterior tibial nerve. With reference to that case, Dr. Comstock, a learned practitioner of medicine, residing at Lebanon, Conn., has kindly related the following, which certainly bears a striking analogy to the one referred to.

"In further reflecting upon the boy's case at Charlestown, an instance occurred to me of a man who had a pain in his foot, which, from its intensity and his long-continued suffering, he at length was anxious to have amputated. This was done in my presence. The foot was afterwards dissected, and it appeared that an acrimonious humor had eaten away a part of the end of one of the bones—one of the metatarsal bones, I think. At any rate, the bone eaten or eroded was left with three sharp points, as much like saw-teeth as anything. There was no caries, and I hardly consented to the amputation. Now had assiduous blistering or an issue been used, the limb might possibly have been saved. There was no swelling, and the injured part was not more than half an inch in width. As a slight injury appears to have been the cause of the boy's suffering, I have an impression that the bone may possibly be injured, as Sir Henry Hallford found to be the case in some cases of tic douloureux. If so, remove the injured spot with the trephine. This would have saved the man's foot."

U. S. Dispensatory.—We learn that Drs. Wood and Bache are preparing for the press a new edition of the United States Dispensatory. This will be the fourth edition, and, like the preceding, will probably be a large one. This excellent work is now generally introduced throughout the United States, and is equally necessary to physicians and druggists.—*Medical Examiner.*

Belladonna in Erysipelas.—At the last meeting of the Medical Society of London, the members were occupied with a discussion on the treatment of erysipelas.

Mr. Headland made some remarks on the great variety of treatment recommended by various teachers in this disease, a fact which he thought an opprobrium to the science of medicine. He had read some cases reported in the *Lancet*, in which Mr. Liston had employed the extract of belladonna, in small doses, with great effect. He (Mr. Headland) had since tried this remedy in three cases, and the effects were most satisfactory—more satisfactory, indeed, than those from any other remedies which he had ever employed. From the good effect of belladonna in scarlatina, as well as in the disease in question, he believed that it possessed a specific action upon the skin.—*London Lancet.*

The Fetus free from the Operation of the Imagination.—A correspondent at Guildford writes as follows:—

About eight years ago I assisted at the removal of a supernumerary thumb from the left hand of an infant, who had been born with this additional member under the following circumstances. On the occurrence of the birth of a former child, inquiries were made of the husband by the lady's father regarding the health of his daughter, and received the satisfactory information that she was doing well, but that the child, "like all her children at birth, was little bigger than a thumb." The lady's father

(an octogenarian) dining with friends that day, and in his dotage misapprehending the observation, stated to his guests, as a very singular circumstance, "that all his daughter's children had been born with two thumbs on the left hand;" the observation excited much merriment, and the father's story was next day jocularly detailed to the daughter. She again became pregnant, and her mind reverted to the tale of a child with two thumbs on the left hand; and, during the whole period of gestation, her mind was under the conviction that her child would be born with this deformity. Her first inquiry after its birth was, "Nurse, has not the child two thumbs on the left hand?" It had. Within a month from the time at which the above case occurred, the wife of a tradesman in my vicinity gave birth to an infant with an exactly similar deformity, two thumbs on the left hand; but, unlike the mother in the former case, she had never for a moment entertained a thought of any malformation being likely to befall her child. To my mind these two cases strikingly illustrate the fallacy of the opinion that the mother's mind exerts any influence over the configuration of the fœtus in utero.—*Ibid.*

New Hampshire Insane Asylum.—It has been agreed upon by those immediately interested, that the location of the institution shall be selected by Drs. Woodward, Bell and Rockwell. The town of Portsmouth voted, in town meeting, on Monday, June 10th, to appropriate the surplus revenue belonging to the inhabitants, \$23,000, towards the establishment, provided it shall be erected in that town; in that case, funds to the amount of \$55,000 would be at the disposal of the trustees, towards commencing that much needed charity for the insane poor of the State.

Mixtures.—No. 6. R. Liquor ammon. acetat., ℥iv.; vini antim. potassio-tartratis, ℥ss.; vini ipecacuan., ℥ij.; syrup. papav., ℥ss.; aquæ destillat., ℥xiv. M. Sumat ℥i.—℥vi. subinde. In catarrh.

No. 7. R. Vini ipecac., ℥iss.; spir. æther. nitrici, ℥iiss.; liquor ammon. acetat., ℥ij.; vini antim. potassio-tartrat., ℥iss.; mist. camphor. ℥ivss.; syrup. papav., ℥ij. M. Cochleare unum vel duo tertiis horis. In catarrh.

No. 8. R. Vini ipecacuan., ℥iij.; syrup. tolutani, ℥v.; mist. acaciæ, ℥i. M. Sumat drachmam omni hora.

No. 9. R. Rad. althææ, herb. melissæ, herb. menthæ sativ., florum sambuci, florum arnicæ, āā ℥i.; seminum anisi, ℥ss. M. Fiat infusio pro potu ordinario.—*Copland.*

No. 10. R. infus. aurant., ℥viiij.; antim. potassio-tartrat., gr. iv.; syrup. papav., ℥iv. M. Sumat cochleare unum amplum tertiis horis.

Connecticut Medical Society.—At the late meeting of the Fellows of the Connecticut Medical Society, who are chosen by the members at their county meetings, the following resolution was passed:

"*Resolved*, That a committee be appointed to take into consideration the present state of the affairs of the Connecticut Medical Society, and the propriety of so altering the Act of Incorporation of said Society, as hereafter to dispense with the appointment and pay of Fellows, and to substitute in place of the annual meeting of Fellows, an annual meeting of all the members of the Society; and that the committee suggest such other

alterations of the Act of Incorporation and of the By-laws of the Society as they may deem necessary, and that they report to the next convention."

Drs. A. Brigham, A. Sumner, and A. Welch, were appointed.

The committee to whom was referred the subject of an asylum for the insane poor, made the following report, which was accepted :

"That, in their opinion, the cause of humanity and the public good would be promoted by such an establishment. Such an institution has been advised by the Directors of the Retreat, by the former conventions of this Society, and by the committee of the Legislature to whom this subject was referred. We are of opinion that a committee of this Society should be appointed to confer with the Legislature, and express, as the opinion of the Connecticut Medical Society, their high estimation of the advantages which would accrue from the contemplated establishment."

The officers of the Society for the ensuing year, are Silas Fuller, M.D., *President*; Elijah Middlebrook, M.D., *Vice President*; Luther Ticknor, M.D., *Treasurer*; Archibald Welch, M.D., *Secretary*. The committee to whom was referred the subject of vaccination, recommend re-vaccination once in ten or twelve years.

Pathology of Porrigo.—The observations of Bassi and Audouin on the nature of muscardine—a disease to which silkworms are subject—had proved that it was owing to the growth of minute fungi on the animal. Professor Schoenlein, of Zurich, has been led to examine, under the microscope, some cutaneous eruptions. On the first examination of a pustule of porrigo lupinosa, he satisfied himself of the vegetable and fungous nature of the pustule. Professor Schoenlein is busily employed in prosecuting this subject, and means soon to publish the results of his investigations.—*Müller's Archiv., from the London Medical Gazette.*

Medical Miscellany.—A little girl, seven years old, was lately killed in Butler Co., Pennsylvania, by the bite of a rattlesnake.—It is computed that there are 2200 insane persons in Pennsylvania, having no provision made for their comfort or restoration.—Dr. McKimney, of Nashville, Tenn., who was about establishing a hospital at that place, has absconded, being, it is supposed, a defaulter to a large amount.—The measles are very prevalent in South Africa; it was thought that one fifth of the population were affected by the epidemic.—Tincture of common black pepper, combined with an equal quantity of spirits of turpentine, is recommended for tooth ache.—A physician of Boston is said to have given two hundred dollars to the treasurer of the Medical Society, to meet the current expenses of last year.—The present Board of Health in Charleston, S. C., are uncommonly vigilant, which encourages the inhabitants to hope for continued good health in the city.—At Madison, Indiana, by an accidental explosion of powder, an iron drill, several feet long, was shot almost its whole length through a laborer's head—entering the lower part of the jaw and passing out at the temple. The man is likely to recover.—Dr. Dyott, the great banking quack, of Philadelphia, has been sentenced to seven years in the Penitentiary, for his numerous villanies.—A man died of hydrophobia at Greenport, last week, who had been bitten in December by a rabid dog.—At Evansville, Io., a man, recently from England, was bitten by a rattlesnake, and died in thirty hours.

MARRIED,—In Boston, Henry G. Clark, M.D., to Miss M. G. N. Prescott.

DIED,—At Newmansville, Fa., Feb. 4, Dr. Cornelius T. Brackett, of Falmouth, Maine.

Whole number of deaths in Boston for the week ending June 15, 23. Males, 8—females, 14.

Of consumption, 4—bilious colic, 1—disease of the heart, 1—inflammation of the bowels, 1—scarlet fever, 4—dropsy on the brain, 1—rheumatic fever, 1—bowel complaint, 2—apoplexy, 1—convulsions, 1—ascites, 1—disease of the brain, 1—inflammatory fever, 1—stillborn, 1.

TO PHYSICIANS.

A PHYSICIAN who wishes to relinquish the practice, can hear of one of experience who would be glad to occupy his stand, and who can give the most unexceptionable references as to character, &c., by addressing a line to the editor, post paid. June 19—31

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839.

2am6m

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. M. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, JUNE 26, 1839.

No. 20.

SKETCHES OF DISTINGUISHED QUACKS.

[Communicated for the Boston Medical and Surgical Journal.]

In this enlightened age, when the school-master is abroad and the march of mind is so rapid that we can scarcely trace its footsteps, quackery seems to rise triumphant in all her glory. Much has recently been written upon this subject, both in separate treatises and in the foreign medical journals. As no writer, however, seems to have touched upon the history of those characters of ancient and modern times, who have most distinguished themselves for their ingenuity in the various departments of this science, some notices of the most remarkable among them may not be unamusing. It is a subject for regret that talents should be wasted by being forgotten; and some valuable hints may perhaps be derived from the memoirs of these honorable gentry, for the benefit of the younger members of the medical profession.

The origin of medical quackery is probably as ancient as the origin of medicine. Among the earliest who practised this profession, if I may so style what a modern writer would call one of the departments in the Empire of Rascaldom, was Thessalus, self-styled the "conqueror of physicians." He was a man of low origin, and commenced his career in the manner of his brethren of those days and his successors in these, by claiming the discovery of a new theory of medicine, which was to lead to a more correct practice, and supersede all further discoveries. He was by no means remiss in his endeavors, also, to heap contempt upon his rivals and his predecessors. His dexterity enabled him to acquire immense wealth.

But a much more distinguished character was Alexander, commemorated by Lucian, who flourished nearly at the same period with Thessalus. From his history we learn that the art of reading sealed letters is by no means of recent discovery, but existed as far back as the time of Lucian, many ages before the science of animal magnetism was heard of.

Whilst he was travelling with a friend, Alexander came to a town where they saw a brood of large serpents, which were so tame that they were kept and fed by the females of the place. They purchased one of the most beautiful, and kept him carefully for their future operations. Soon after they had the good fortune to dig up, in an ancient temple of Apollo, some brass tablets upon which was an inscription that in a very short time Apollo, with his son Æsculapius, would come and

take up their residence in Alexander's birth place. These tablets were shown, and the report of the speedy advent of the two divinities, rapidly spread throughout the country. An oracle was next established and uttered various mysterious predictions, some of which hinted at the name of Alexander.

In the mean time his companion died and left him to bring to maturity and reap the full advantages of the scheme they had so ingeniously commenced. He now counterfeited madness, which in those days was considered to be inspiration. He thus attracted a great degree of attention. All being now prepared for his debut, he took a small serpent and introduced it into an egg, through a small opening which was afterwards carefully stopped and concealed with a mixture of white lead and wax. Taking the egg thus prepared, he went at midnight to the foundations of a temple which had just been laid under his auspices, and were now overflowed with water. Here he hid the egg in the mud.

The next day, Alexander, having only a girdle of gold about his waist, rushed into the market place, harangued the people, sung hymns in honor of Apollo and Æsculapius, and rushed furiously towards the temple, followed by all the spectators and auditors. He plunged instantly into the mud, called for a cup, clapped it under the water, and exclaimed that he had caught the god Æsculapius. Raising the cup, he exhibited the egg, which on being broken was found to contain the serpent. Not a doubt was felt by the people, who were unbounded in their acclamations and expressions of joy that the medical divinity had come among them.

On the following morning he received the visits of the people, seated in an apartment properly arranged for effect, and gorgeously arrayed. A serpent of great size and beauty was seen partly concealed beneath his robes, and partly twisting himself in playful coils about his neck and upper part of his body. If anything had been wanting to complete the astonishment of the beholders, the growth of Æsculapius within a single day was sufficient. The full extent of Alexander's pretensions was admitted, and he became universally resorted to on all occasions where the opinion of an oracle was required. The questions proposed to him were written and carefully sealed up. He took them into a different apartment, and speedily returned them with the answers written, but the seals apparently untouched. If any one had before doubted, he was now convinced; since how could any mere mortal read through the thick folds of a carefully-sealed letter?

Lucian, who is well known to have been a confirmed sceptic, and a despiser of the gods, pretends that when Alexander took the letters into another room, he had ready a heated needle which he introduced between the seal and the paper, and thus opened the letter without destroying the impression. He kept at hand, also, a composition which he employed to take off the impression, so that the letter could be resealed without the seal appearing to have been touched. The English translator of Lucian refers those who wish to be further acquainted with the methods of opening sealed letters, to the clerks of the post office. We might refer them to the subjects of animal magnetism.

Alexander now practised with perfect success, giving oracles and curing all manner of diseases.

An empiric better known to the medical world, was Bombastus Paracelsus, who combined real knowledge and talent with the basest quackery. He was supposed to keep a familiar spirit enclosed in the handle of his sword. Butler tells us that,

"Bombastus kept a devil's bird
Shut in the pommel of his sword,
Who taught him all the cunning pranks
Of past and future mountebanks."

He finally sunk into dissipation and drunkenness, and died in a hospital, at the age of forty-eight, with a bottle of the elixir vitæ which he had discovered at his bedside.

Of those among the alchemists who practised the baser arts of quackery, we have a most vivid portrait in Alasco, painted by the author of *Waverley*. The same pen has given us equally powerful delineations of the other varieties of empirics—astrologers such as Galleotti, the friend and counsellor of Louis XI.; adepts such as the German Dousterswivel; or gipsies and wise women such as Meg Merrilies and Norna of the Fitful Head. In all these specimens, knavery and self-deception appear combined in varying proportion, according to the greater or less honesty of the individual.

One of the latest who practised the art of astrology and combined it with medicine, was Wm. Lilly, the Sidrophel of *Hudibras*. He was artful enough to keep in favor both with the Court of Charles I. and the Parliament, and was consulted equally by cavaliers and roundheads. He was succeeded by Dr. Case, who seems to have acquired reputation and wealth by his skill in poetry, of which the following is a specimen.

"Here 's fourteen pills for thirteen pence,
Enough in any man's own conscience."

Another branch of quackery was that of those who professed to cure scrofula by the touch. Of those who disputed the prerogative of royalty in this particular, the principal individual known to us was Valentine Greatrakes, an Irishman. He was a person of some fashion, and in 1662 he was struck with a strong persuasion that he had the power of curing the king's evil by stroking with his hand. In the course of time his powers increased to such a degree that he attempted the same process in all diseases, and with success. Many persons of distinction and some physicians gave him their certificates. He mentions several cripples sent to him from the hospital, who walked home without their crutches, to the admiration of all the people as well as the doctors.

A recent instance of successful quackery is exhibited in the history of St. John Long, which is too well known to need detail. He sold the secret of his famous liniment on his death bed for £10,000; and this liniment proves to be composed of acetic acid, yolk of eggs, oil of turpentine and pure water. Now its ingredients are known, it will probably soon share the fate of other nostrums and sink into oblivion.

An ingenious device practised recently in France has been related in some of the late medical journals. The result proves that the French courts are not so lenient in cases of quackery as the English and Ameri-

can have been proved to be, by the cases of St. John Long, Thomson, and others.

In February, 1837, three doctors, MM. Sabattier, Guerin and Neirac, set out from Paris on a tour for the purpose of giving gratuitous advice and selling their own medicines. They posted bills in the different towns they passed through, and among others at Orleans, bearing in large letters the words HIPPOCRATIC SOCIETY, and distributed pamphlets entitled "IMPROVEMENT OF PRACTICAL MEDICINE—MEDICAL DISCOVERY—SABATTIER'S MEXICAN SUGAR." The court at Orleans adjudged that, as these persons had called themselves physicians of a non-existent society—had put forth the mixture of jalap and sugar (the Mexican sugar) as a discovery, and excited hopes of cure by fraudulent methods, Sabattier should suffer two years' imprisonment and pay a fine of two thousand francs; Guerin, fifteen months' imprisonment and pay a fine of one thousand francs; and Neirac, a year's imprisonment with a fine of 600 francs.

Some of the Colleges of Health and other establishments among us of various attractive names and designations, would probably fare pretty severely if brought under notice of a French court of justice. It is, however, very doubtful whether any advantage is to be derived from penal prohibitions. There are persons so constituted that they almost necessarily resort to the unknown and the mysterious in preference to that the value of which is known. In the last century, Bolingbroke and Walpole, the two most powerful geniuses of their time—opposite as they were in their characters—both fell victims to medical quackery. In our city it finds its patrons among the most intelligent and best informed. They generally understand perfectly well the risk which they run—they are aware that for the chance of immediate benefit they endanger their constitutions and even lives.

The prevalence of quackery, the frequent resort to patent medicines, is certainly no detriment to the medical profession so far as profit is concerned. Like the use of ardent spirits, they impair the constitution to such a degree that almost constant medical attendance finally becomes necessary. The evil to physicians is, that the victims of quackery, like the victims of intemperance, are unsatisfactory subjects of treatment, from their systems being too much injured to be readily benefited by the most judiciously applied remedies.

The grand secret of quackery, we are told by a late writer, consists "in the marrying of Truth and Sham, so that these two become one flesh, man and wife, and generate these three, Profit, Pudding, and Respectability that always keeps her gig." E. W.

INTERMITTENT CHARACTER OF LOCAL DISEASES IN THE MARSHY DISTRICTS OF THE WEST.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have observed, during a short practice in the Wabash Valley, that several diseases, which I have never before known to observe

any regular intermission, partake of the regular periodicity of intermittent fever. I am not disposed to speculate upon, or attempt any explanation of such phenomena, further than facts will seem to sustain me. I will first record the cases which have come under my observation.

CASE I. *Intermittent Dysentery*.—Mrs. D., aged 20, was afflicted with intermittent fever of the tertian type for about six weeks during the latter part of the summer and commencement of the fall of 1838. By the use of the usual medicines she recovered, but was attacked in the course of a month subsequent with a violent dysentery. I was called upon in an hour after she was taken, and administered the blue pill and Dov. pulv., applying fomentations to the abdomen, and prohibiting anything to be taken in the way of nutriment but barley and chicken water. In less than three hours she was relieved, and the next day she was up and looked as hearty and spirited as could be expected. On the next day, however, greatly to my astonishment, she was again attacked with the dysentery, preceded by some chilliness, and attended with some fever. Her extremities, however, were cold. I ordered her calomel and ipecac. in small doses, to be continued every two hours until I should call, bathed her extremities in hot water, and directed the fomentations as before. In about six hours I left my office, with my cupping instruments in my hands, to visit my patient. Judge of my wonder when I met her at the door. She declared she felt as well as ever; “but doctor,” inquired she, “don’t you think my complaint will return day after to-morrow?” I was so struck with the force of her question, that I could scarcely give her an answer. I directed her to live abstemiously, and to take small portions of ext. tarax.

I returned to my office and reflected upon my patient’s inquiry, and felt no little anxiety about the case. “Day after to-morrow” came, and with it a return of the dysentery. I was now satisfied of the intermittent character of the disease, and determined, as soon as the intermission came on, to commence the use of quinine, if circumstances would at all permit it. The paroxysm lasted for about three hours, immediately after which I observed, for the first time, a copious perspiration.

On the next morning, my patient feeling as well as she had during her previous intermissions, and her system being fully prepared for tonic medicine, I commenced the use of quinine in half grain doses every two hours. This was continued till night, and resumed the next morning. At the time for the paroxysm she had a very slight diarrhoea. The quinine was discontinued until the next day, when six grains were taken in divided portions. From that time she was entirely relieved, and I believe has enjoyed good health ever since.

CASE II. *Intermittent Pleurisy*.—L. T., a man of 30, temperate habits, had lived for about eighteen months in a miasmatic region of country, but never had been attacked with intermittent fever. In the fall of 1838, during a sudden cold spell of weather, he was taken with *pleuritis* of left side, for which I bled him and administered some of the usual medicines. By the next day he was up and about, but did not exert or expose himself sufficiently to induce a second attack. On the day subsequent, however, at about the same hour as before, he was

again taken, and had severe pleuritic pains. I treated him as before, but soon decided upon a different course when the paroxysm was entirely over. The next day I began the use of the quinine, feeling convinced of the periodical nature of his complaint. It met my expectations. My patient recovered.

CASE III.—Intermittent Mania a Potu.—S. Bullock, a blacksmith, aged 28, intemperate habits of long standing, stout and athletic, sanguineo-bilious temperament, was taken August 20th, 1838, with intermittent fever. By the first of September he was well, and commenced drinking ardent spirits. This he continued for several days, until, during his first sober moments, he was attacked with mania a potu. I adopted the sedative treatment. In about five hours after I commenced the use of opium, he appeared to be somewhat quieted, and seemed disposed to sleep. His delirium continued, however, for seven or eight hours longer, when it entirely ceased, and he sweat copiously. I thought it a case of very short standing, and myself very fortunate. But I was deceived; the patient continued rational a day, and was again seized with delirium. Again I used opium, and succeeded in putting him soundly to sleep. He awoke and felt perfectly well. The calm was again delusive. In 24 hours he was on his bed shoeing horses and making nails. I began to reflect upon the influence which his fever might have had upon his nervous system in rendering his present disease intermittent, and concluded to make trial of the quinine as soon as the next intermission occurred. I now gave him opium, and he slept soundly until the noise of some dogs awoke him. He was rational. I became more fully convinced that the patient needed quinine. The opium produced sleep, but did not relieve the disease. It appeared to require something of an anti-periodic nature to arrest it. I accordingly commenced the article in two grain doses, every two hours, and continued it day and night, until the period for the paroxysm. The patient escaped the delirium altogether, having used twenty-four grains of quinine. I neglected to say that I attended well to the condition of his bowels.

These, with two cases of dysentery similar to Case I., are all the cases of the kind I have witnessed. How shall we account for their intermittent character? Shall we attribute it to the direct agency of marsh miasm, or to the state of the system after having been subjected to intermittent fever? Account for it as we will, an intermitting state of the system seems to be necessary. We know that fevers are likely to be followed by local disease. In two of the cases just recorded, we have examples of the sequelæ of fever partaking of the character of the fever itself. The other presents the case of a disease putting on the character of another disease, caused by the general diffusion of a noxious agent—an endemic and epidemic disorder. This, I believe, is no more than what was noticed long ago by Sydenham.

Marshall, Illinois, May, 1839.

W. J. BARBER.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following are some of the proceedings of the New Hampshire Medical Society, at its last annual meeting.

Boscawen, June 13, 1839.

JAMES B. ABBOTT, *Secretary.*

The forty-eighth anniversary of this Society was holden at the Phoenix Hotel, in Concord, on Tuesday and Wednesday, the 4th and 5th instant.

Although the weather was somewhat unfavorable, a greater number of members attended than have been present for many years. A laudable and increased interest evidently exists for the welfare of the Society, and the promotion of true medical science. The younger members of the profession are coming forward with a zeal and activity truly commendable, and bid fair to fill those important and dignified stations which have been vacated by the death or removal of their worthy predecessors.

The following officers were elected for the ensuing year:—

Enos Hoyt, Northfield, *President.*

Luke Howe, Jaffrey, *Vice President.*

James B. Abbott, Boscawen, *Secretary.*

Dixie Crosby, Hanover, *Treasurer.*

COUNSELLORS.—John Carr, Sandbornton; John S. Elliot, Pittsfield; Stephen Drew, Milton; James S. Fernald, Barrington; Francis P. Fitch, New Boston; Richard Williams, Milford; Joseph Dalton, Brentwood; Edward B. Moore, Epping; John B. Dousman, Keene; James Bachelder, Marlborough.

CENSORS.—Moses Hill, Northwood; Richard P. J. Tenney, Loudon; John P. Elkins, New Durham; Joseph H. Smith, Dover; Josiah Bartlett, Stratham; Thomas Bassett, Kingston; Matthias Spalding, Amherst; Micah Eldridge, Nashua; Amos Twitchell, Keene; Luke Howe, Jaffrey.

DELEGATES TO MEDICAL INSTITUTION AT HANOVER.—Richard P. J. Tenney, Loudon; James Bachelder, Marlborough.

ORATORS FOR 1840.—Luke Howe, Jaffrey; Thos. Bassett, Kingston.

The following gentlemen were elected members of the Society. Levi G. Hill, Salisbury; Nahum Wight, Gilmanton; Jacob C. Hanson, Andover; Charles A. Savary, Hopkinton; John A. Dana, Newhamp-ton; Edward B. Moore, Epping; and L. M. Knight, Thornton.

The usual routine of business was amicably disposed of; and among the various resolutions passed by the Society was the following relative to scarlet fever, which has so extensively, and in many instances *fatally* prevailed within a few years—"Voted, That a committee of correspondence, consisting of one from each district, be appointed to collect information respecting the treatment of scarlatina, and communicate it to the Secretary of this Society—to be reported by him at the next annual meeting."

The following resolution was also adopted—"Whereas the Medical Institution of Dartmouth College, having undergone an entire re-organization since the resignation of Professors Mussey and Oliver, *Resolved*, That we have full confidence in the ability of the new faculty, and will continue our efforts to promote the usefulness of the institution."

After spending a two days' session pleasantly, and it is hoped profitably, the Society adjourned sine die; and the members departed to their respective fields of labor, having bid adieu to the hospitable mansion where they have for many successive years experienced the kindness and liberality of Mr. Hutchins, the benevolent and distinguished owner.

PROPHYLACTIC AND CURATIVE POWERS OF TOBACCO.

[We have already alluded to the remarks of the editor of the Southern Medical and Surgical Journal on the subject which has called forth such various opinions from our correspondents. We copy them below. They occur, in that Journal, after the insertion of our first article on the subject of impaired voice.]

It may appear behind the present age of reformation to advocate, at this time, the use of an article so contrary to good manners—one supposed to be so foreign from the catalogue of our necessities of life—and one on which the prevailing spirit of reformation has seized with the hand of extermination. But we use opium in the service of humanity—an article which, for the correction of its abuses, calls into requisition a nation's power. And we would use alcohol itself, in any of its formulæ, from the distilled to the merely fermented—than which there is no article on which we look with more perfect hatred—nay, despise with a vengeance which would make us, if possible, thrust into Lethe's dark, sinking, hellish current, the last formulæ for its preparation, and know that the world would be greatly improved by suffering its privation for the prevention of its injuries—this article, we say, we would use for the saving of life, when other things would not do it. In like manner, we feel it a duty to advocate the use of tobacco, both as prophylactic and curative, in certain cases. We are pleased to see the intimations given by the editor of the Boston Journal, not only on account of the fact that they may lead to true etiology, without the knowledge of which, neither prophylaxis nor cure may be expected with any degree of uniformity.

We acknowledge that the suggestions relative to the prophylactic virtues of tobacco, in regard to the cases alluded to, are new to us; for we have been in the habit of looking at the chilling walls at the back of pulpits, against which clergymen often rest the upper part of the back, immediately after the exercise of preaching, as a cause of this disease. But as the "*minister's ail*," as it is called, is but of very limited extent in the South, we have had but little observation in such cases. We have, however, had some observation on the effects of the abandonment of the habitual use of tobacco, in causing a cessation of an habitual secretion from the mouth, and thereby greatly impairing

the perfection of guttural articulation, and in the production of coughs incurable by ordinary means ; as well as the curative powers it exercises on resuming its use.

We had once the care of a case, in which the free chewing of tobacco was, with a view to the reformation of a bad habit, abandoned. In a short time the voice of the patient was sensibly impaired, both of its ease in exercise, and its fine perfection of sound. As the case progressed, a cough, increasingly troublesome and obstinate, made its appearance, which soon became most violent and convulsive. Many ordinary remedies were used, for the first six months, without the least beneficial result. At the end of this period our attention was directed to the case, and no ground was left unoccupied which had hitherto been found beneficial in the treatment of coughs in such a state of the general system. A consultation was held, but all to no purpose, and the patient succumbed before the expiration of twelve months.

Not long after this observation, we became perfectly familiar with another case of impaired voice, and subsequent cough, which progressed by the same gradations as that just described, from the first of January, the time at which the chewing of tobacco was suddenly abandoned, until the first of July. Observations on this case proved it to be very peculiarly like the fatal case just given. We had observed closely the progress of this difficulty from the time the tobacco was discontinued. At the end of six months the cough was quite as far advanced as in the former case ; not allowing the patient twenty minutes' sleep at any one time, and attended by a remarkable impairment of the vocal powers, and those of deglutition. This patient resumed the free use of tobacco, by chewing ; but in order to avoid as far as possible the injurious stimulating and narcotic effects, the very weakest was selected, instead of that strong tobacco which is sold at the highest prices. By the Christmas following, the soreness of the thorax and the cough were measurably but not entirely subdued ; the voice and deglutition both improved, but were not perfectly corrected. It is now some eight or nine years since this case occurred, and there is still a tendency to frequent but not severe cough, and there is still an evident deficiency of the power of propelling downwards from the upper part of the pharynx, so that all things pass on without further effort for deglutition.

We could give numerous cases in which, with the strongest marked predisposition to phthisis pulmonalis, persons have, under the free use of tobacco, contrary to all reasonable expectation, grown old, in perfect exemption from its ravages.

We will only further remark at present, that the impairment of voice amongst clergymen is of very rare occurrence in this section, whilst the practice of using tobacco, either in chewing or smoking, and most commonly the former, is almost universal. We have at present in mind, one clergyman, remarkable for the length of time, and the quantity of his labor in the ministry for the time, in addition to the labors of school teaching, through a long life, who is never awake, we believe, without having a remarkable quantity of tobacco in his mouth, except when eating ; nor is he less remarkable for the quantity of saliva which he accu-

modulates immediately around him. This man has outlived the youth of his youngest children; he came, early in life, to the ministry, and the wife of his youth died at the age of sixty, some ten or twelve years since. No man of his age retains the voice of his early life in greater perfection. He is yet as pleasant in the pulpit as ever, and modulates his voice with great pleasure to the softest melodies of his old recollection, in which he greatly delights.

We hope observations will be made by practitioners on this subject, and promptly reported to the profession.

[A succeeding number of the same Journal contains the communications of Drs. Woodward and Mauran, from our pages, with the following introductory remarks by the editor.]

In the last number of this Journal we gave an extract from the Boston Medical and Surgical Journal, with some additional remarks and facts, on the same subject as the following communications. The subject is an important one, and highly worthy of the consideration of the profession. We are happy to find that it is now under discussion. As our object is useful truth in medicine, we give the following articles from the same source, in order that the reader may have materials, as far as furnished, for his own judgment on the subject. Meanwhile, we will state that, a few days past, we accidentally met with an intelligent medical gentleman of considerable experience in the profession, from the low country, who, on the suggestion of the subject, stated that a gentleman of the city in which he resided, had been a free indulger in the use of tobacco—that after becoming a pious man he abandoned it, perhaps from moral impressions relative to its use, and became what is termed “an exhorter,” to some extent. In the course of four or five years he found himself seriously injured in his vocal organs. The use of tobacco was resumed—not, that we understand, as a remedy. Subsequently to the re-adoption of its use, however, the symptoms of the throat complaint disappeared, and he has remained to the present time, now several years, exempt from all the distresses, privations, and threatenings of this hitherto intractable disease.

The claims of humanity are high; and in no instance more so than when preferred by the suffering clergy; but in all cases they are sufficient to overrule, if necessary, the formalities of fashionable etiquette, or the unpleasantness of a remedy. These cannot, therefore, we conceive, be advanced in argument on the subject, which is indeed of vital importance, and one which should rest on statistical facts alone. We hope, therefore, that intelligent citizens generally, as well as physicians, will feel themselves duly impressed with the duty of reporting any fact which may be calculated to determine the true influence of tobacco in regard to the cases alluded to; and we hope further, that both physicians and patients will examine well the authentic facts which have been, and may be, offered, and yield to the cause of truth as developed by facts alone.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 26, 1839.

JAMES HERVEY PIERREPONT, M.D.

WERE it not for a most appropriate and truly beautiful memoir of the late lamented Dr. Pierrepont, of Portsmouth, N. H., by the Rev. Dr. Burroughs, of that town, whose eulogy on his life and character exhibits the distinguished moral worth and high professional attainments of the subject of an excellent discourse, we could not have sympathized, as we now do, in the great loss sustained by those who were gathered together to mourn over the lifeless remains of one whom they had delighted to honor. At the special request of the medical faculty of the place, Dr. Burroughs was requested to deliver the eulogy to which these observations refer, on the 28th of January. It commences thus :—" *Collossians, Chap. iv., v. 14—The beloved physician ;*" and the author shows, most clearly, that the subject upon which he was called upon to speak, gave elevation to his own thoughts, and thus he was the better qualified to impress the listening multitude with a profound sentiment of respect for the memory of a good man, whose existence had been a blessing in his day and generation—one in whom there was no guile, and whose firm reliance on the divine promises enabled him to exclaim, in the last agony of expiring nature—" Oh ! what delightful tranquillity."

By carefully studying the pages of this performance, we perceive that Dr. Pierrepont was not properly appreciated in early life. It was a misfortune not to have reached the meridian of professional eminence, till age, in some measure, disqualified him for assuming that commanding position which youthful ambition prompts most men to obtain. He became distinguished too late. This was not his fault, but a misfortune ; the loss was to a community which might have had more of his service, had the constitution of his mind and its various powers been seasonably discovered.

Such integrity, parental kindness, universal philanthropy and practical usefulness, as Dr. Pierrepont is represented to have possessed, appear to have resulted from a deep conviction of the urgent necessity of conforming to the requisitions of that divine system of faith, which a benevolent moral Governor of the universe has revealed to man in the gospel. Feeling that this is but the beginning of an endless existence—a preparatory state in which the faculties of the soul are only indicating their latent powers, to be unfolded in the ceaseless duration of eternity, Dr. Pierrepont was too conscientious to waste the precious privileges and opportunities of the age to acquire knowledge : thus each succeeding year gave him higher and stronger claims upon the confidence and admiration of society.

Peculiar habits of study and untiring devotion to the learning of others, prevented him from embodying his own thoughts and experience ; posterity, therefore, will be but partially benefited by his profound acquirements. Physicians, engaged in the active and generally distracting pursuits of practice, have less opportunity than almost any other class of persons for constructing finished, permanent literary or scientific records in a country like this, where all is bustle, activity and restless enterprise. Much as

it is to be lamented that the vast amount he had stored in a well disciplined mind, is lost now to the world, the moral excellence which such an unblemished reputation as that of the "beloved physician" is calculated to exert, must and will have the happiest influence on that wide circle of which he was the friend and counsellor.

Being prepossessed neither in favor of the eulogist nor the eulogised, both of whom were unknown to us before taking up the pamphlet which called forth the foregoing expressions, we cannot conclude without cordially recommending this singularly captivating eulogistic biography to all young physicians. It points the way to usefulness, teaches the responsibilities and relations of the profession, individually as well as collectively, and lastly, but most triumphantly, shows the glorious prospects connected with a well-spent life.

Simplicity of Living.—A second edition of a small, but beautifully printed volume, bearing, beside the above cognomen, the additional title of *Observations on the Preservation of Health*, has been received from London, by Mr. Ticknor, Washington street, and deserves more attention than it will probably receive at the hands of the reading public. Its claims are based upon its simplicity—being purposely designed for the instruction of those who can appreciate the kind of information it imparts, without being perplexed with technicalities which belong to the language of science. It abounds with curious facts, which forcibly illustrate the importance of knowing how to live in infancy, childhood, youth, maturity, and old age, which the profession, and certainly the philanthropist, might study to good advantage. Without being absolutely radical in dietetics, the author inculcates the necessity of simplicity in diet, temperance, and obedience to those natural laws on which good health positively depends. There is one fault in this, discoverable in the other popular essays of Mr. Curtis, which operates unfavorably on the mind of the reader, but which might easily be corrected, viz., the air of egotism that shows itself, here and there, in spite of the drapery introduced to conceal it. The statistical facts variously introduced, add greatly to the interest of the book; and the lecturer on hygiene would find it a most convenient manual of reference. Were it re-published here, pruned of those excesses which mar its beauties for an American student, it could not fail, we apprehend, of having a multitude of admirers.

State Prison Practice.—Within a few days there has been sent to the address of this Journal, two numbers of a paper published at Auburn, N. Y., called the *Corrector*, which seems to be exclusively devoted to the interest of certain persons, whose names have been made familiar to the public in connection with the development of alleged cruelties on the part of the officers, towards the convicts in the State Prison, located in that town.

In one of these papers, Dr. Lansingh Briggs, the physician of the institution, figures conspicuously in what he probably considers a vindictory appeal to the good sense of the world, and endeavors most earnestly to show that in all that he had to do with the unfortunate inmates, his course was judicious and not reprehensible. Eight entire columns are presented in the form of a critical analysis of the causes of the death of a certain Von Eck, who died suddenly in prison, but whose death was at-

tended with circumstances that resulted in a careful examination by a jury of inquest. This Von Eck was a foreigner, who for awhile practised physic in an obscure section of Maryland.

After reading and re-reading Dr. Briggs's disclaimer, with a hope of finding an apology for him, and that he was an abused, injured and persecuted man, we must acknowledge that we cannot justify him in turning over a prisoner to be flogged, because he did not discover any symptoms of illness. "First," says Dr. Briggs, "he affected sudden faintings, but was detected in his second effort by my being accidentally at the hospital during the attempt. His next *ruse* was a pretended paralysis. From an examination of his cell I was satisfied he feigned it, and made use of every suasive effort in my power to induce him to go peaceably to his shop, but without success, and proposed to Capt. Lynds a flogging, as a last resort, to make him obedient." This proposal was unworthy a medical officer, savoring, as it does, of those dark periods in the history of barbarism, when power was exhibited with impunity by the unrestrained cruelties of the lash.

According to the testimony of one Richardson, the castigation was given only two weeks before the death of the wretched convict. Were it not extremely painful to pursue the narrative, many particulars of the unhappy patient's condition, appearance and complaints, might be copied; but as it is the intention, doubtless, to circulate the *Corrector* so universally that all those accused of having participated in the late inhumanities of that particular prison, may be exonerated from blame, Dr. Briggs's history of Von Eck's indisposition and death should be closely examined. He says, "Von Eck died of congestion of the brain. I reported to the agent and inspectors, on the day of his death, and subsequently to the coroner's jury, that the disease was congestive typhus." The body was examined 36 hours after death. "On opening the chest, the lungs were found adhering to the sides, filled with tubercles, and congested with blood, as usual. In abdomen, ulcers were found in the track of the large intestines, in different degrees of progression." It is no part of our purpose to attempt to show that it is not strictly true, that he died of congestive typhus; but we shall not hesitate to declare that it was abominable in Dr. Briggs to be instrumental, in any manner whatever, in the infliction of the punishment by cat-o'-ninetails, on the poor, degraded, sickly outcast. We cannot divest ourselves of the opinion that Von Eck was not only greatly enfeebled, but actually partially insane, weeks before—produced, for aught we know, by his vices and the misery which thickened upon him from day to day, till death made his frail body insensible to the overseer's severities.

It will be conceded that in theory, at least, in the United States, the law contemplates the moral reformation of the criminals immured within the gloomy walls of penitentiaries, and therefore the principles of Christianity and paternal benevolence are to be exercised by those to whose keeping the violators of the law are confided. But when the intention of the Legislature is perverted, and the worst passions of our nature are allowed to get the ascendancy, it behooves the people to look to the conduct of their servants with a vigilant eye.

Much as we abhor the awful abuse of power in some of our State prisons, so wickedly winked at by those who hold a controlling influence, it would be ungenerous not to acknowledge the difficulties with which the physician of such villains must necessarily contend. He must be untiring and watchful indeed, not to be occasionally deceived. If, however, deceptions are played off, he cannot be justified in being privy to corporeal

chastisement. It is his province to prescribe medicine and diet, but not to prescribe a flogging, the conclusive evidence of insensibility of heart and a depraved moral sense.

Were it not that Dr. Briggs feels quite strongly that he has grossly committed himself, it seems impossible that such a labored vindication should have been published—apparently at the expense of a clique of self-considered martyrs. From the style and ready citation of authorities bearing even the slightest analogy to his flogged patient's case, Dr. Briggs shows himself to be conversant with the best writers of the day. He is unquestionably thoroughly acquainted with his profession; yet it will be a long while before he can efface the deep impression which the melancholy termination of that case of *congestive typhus* has made on the mind of one person, certainly, who has read attentively the columns of the *Auburn CORRECTOR*.

Animal Magnetism.—At the close of an elaborate and interesting "History of Animal Magnetism in France, Germany and England," in the last No. of the British and Foreign Medical Review, we find the following candid remarks.

"Over the other details of London magnetic experience we willingly draw a veil. Our object has not been to give expression to our feelings, but to present to the reader's consideration an historical record, which may be reflected upon with some benefit. Neither would we be so far influenced by the impostures occasionally practised under the name of magnetism, as wholly to deny that some of the phenomena, from time to time produced by all aspirers to the art, seem to result either from some principle heretofore unknown and not yet correctly designated, or from some modification of recognized principles in the animal economy which cannot yet be accurately limited or defined. The whole of man's existence is too mysterious, and he is surrounded by too many things utterly beyond his comprehension, to justify an obstinate disbelief of things hard to be understood. In the constant attempts of the human intellect to penetrate the thick curtain that hangs around it, doubtless some transitory glimpses of hidden truths are now and then accorded to quick intellects and peculiar organizations; and there is ever much more in heaven and earth "than is taught in our philosophy." The temporal guides of man, however, are his senses and his reason; and when he lays claim to a wisdom and to powers which are incapable of being made palpable to the one or explicable to the other, although we may not presume to say that he cannot possibly be right, he must expect that we make very diligent use of our own senses and our own reason in the investigation of his evidence; and industriously endeavor to untwist the double chain of truth and fancy, which he would fain twine round our puzzled understandings."

Hopkins Medical Association.—At a meeting of the Hopkins Medical Association, holden in Hartford, Conn., June 12th, the following officers were chosen: Archibald Welch, M.D., President; Amariah Brigham, M.D., Vice President; Denison H. Hubbard, M.D., Recording Secretary; G. B. Hawley, M.D., Corresponding Secretary; Daniel Holt, M.D., Treasurer. Dr. J. Barrett, of Middletown, read a dissertation on *Autumnal Catarrh*, and Dr. A. Welch, of Wethersfield, a dissertation on *Dysentery*. Dr. G. W. Russell was chosen a Fellow, and Dr. M. L. North, of Sara-

toga, N. Y., Corresponding member of the Society. Dr. Silas Fuller and Dr. W. H. Morgan were appointed Dissertators for next meeting.

Medicinal Properties of the Gray Oxide of Zinc. By Professor Sementini.—From a series of experiments made on the white and gray oxides of zinc (the latter discovered by himself), Professor Sementini, of Naples, draws the following conclusions: 1. The oxide of zinc possesses tonic properties, which it derives from its soothing the irritability of the nervous system; it is also anti-spasmodic and sedative. 2. This has long been known, but the use of the medicine has been abandoned, from the inconstancy of its effects. 3. That inconstancy arises from the facility with which it absorbs carbonic acid, and hence passes to the state of a subsalt. 4. The gray oxide does not absorb the acid, and is therefore always of uniform strength. 5. As the properties of a tonic and a sedative co-exist in it, it may be used with the greatest confidence in cases of *irritative debility*. The dose to begin with, is from a fourth to half a grain, which may be increased to four or six grains, by an addition of a quarter of a grain every second day.—*Giornale dell. Sc. Med. Chir.*

Veratine.—Veratine resembles strychnine and buncine in its effects upon living bodies, producing tetanus and death in a moderate dose; notwithstanding which it has been prescribed by some, especially when mixed with hog's lard, in the form of frictions, on the forehead, for nervous maladies, but seldom, I believe, with any good effects.—*Ure's Dic. of Arts.*

Parisian Medical Society.—An English Medical Society, bearing the above name, has been recently instituted at Paris, and already includes on its list between ninety and one hundred members. At one of the late meetings Sir R. Chermide was elected President, and J. Godfrey, Esq., Vice President, for the present year. The Society holds weekly meetings, at which papers upon medical subjects are read, and discussions take place in the *English language*. These meetings are peculiarly interesting, as medical men from London, Edinburgh, Dublin, and different parts of America, join in the proceedings, as well as some of the "externes" and "internes" of the Parisian hospitals. The Society has established a reading room for the English and French periodicals, and the nucleus of a permanent library is already in existence.—*London Lancet.*

Medical Miscellany.—Dr. J. B. S. Jackson was elected by the Mayor and Aldermen of Boston, by five out of eight votes, physician of the South Boston City Institutions. In the Common Council, when sent down for concurrence, Dr. Asa B. Snow, of this city, had 28 out of 47 votes; Dr. J. B. S. Jackson, 12; Dr. John S. Butler, of Worcester, Mass., 5; Dr. Wm. Ingalls, Jr., and Dr. Stebbins, 1—so that Dr. Snow was elected on the part of that board. In the next number of the Journal the successful candidate's name will probably be given. The applicants for the office have been quite numerous, from the country as well as city.—A new edition of Dr. Sewall's Examination of the Science of Phrenology has appeared, greatly improved.—A gentleman of Pottsville, Penn., has recovered of a man who frightened his daughter, \$200, the expense of her illness, produced by the shock given the nervous system.

TO CORRESPONDENTS.—The papers of Drs. Metcalf, Plympton, Allen and Magoon, have been received.

MARRIED.—In Boston, Dr. James H. Eldredge, of E. Greenwich, R. I., to Miss Anna F. A. Henshaw.

Whole number of deaths in Boston for the week ending June 22, 26. Males, 14—females, 12.

Enlargement of the heart, 1—scarlet fever, 3—teething, 2—inflammation of the lungs, 1—suicide, 1—drowned, 2—unknown, 1—intemperance, 2—scrofula, 2—infantile, 2—lung fever, 1—pleurisy, 1—cholera morbus, 1—cancer, 1—disease of the heart, 1—child-bed, 1—typhous fever, 1—hooping cough, 1—lock-jaw, 1—stillborn, 4.

MEDICAL LECTURES: DARTMOUTH COLLEGE.

THE annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 7th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

JOHN DELANATER, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.

DIXIE CROSBY, M.D., Professor of Surgery and Surgical Anatomy.

ELISHA BARTLETT, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.

F. A. EDDY, A.M., Demonstrator of Anatomy.

Fees for the course, \$50.00. Matriculation, \$3.00. Graduating expenses, \$18.00.

OLIVER P. HUBBARD, Secretary.

Hanover, N. H., June, 1839.

June 26—31

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchesse d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professor Francis U. Johnson, Pres. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

☐ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10.

Feb. 28—6m

TO PHYSICIANS.

A PHYSICIAN who wishes to relinquish the practice, can hear of one of experience who would be glad to occupy his stand, and who can give the most unexceptionable references as to character, &c., by addressing a line to the editor, post paid.

June 19—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JULY 3, 1839.

No. 21.

BILIOUS COMPLAINTS.*

THIS is one of the most sensible productions we have met with for a long time, and is, in our opinion, calculated to do much good, not only to the innumerable lay dabblers in physic, who come within the class of "bilious," but to the grave professors of legitimate medicine themselves. It is written in an accurate and pure style, and the whole of the argument is so clearly placed before the reader, and is so logically and forcibly reasoned throughout, that it cannot fail to produce a decided effect on the mind of every sensible and unprejudiced man. The great object which the author has in view is "to show that the habitual use of purgatives is injurious to health, and that the diseases commonly denominated nervous and bilious cannot be cured by these medicines, nor indeed by any medicines whatever, but solely by avoiding the causes from which these diseases spring;" and it would appear from his preface that, on this account, he has been accused of a desire to depreciate medicines and the art of medicine. We, however, entirely acquit him from such a charge; being thoroughly convinced that the true interests of the medical profession can never suffer from enlightened attempts to instruct the public on the subject of their health, and feeling, with the author, assured "that, in attempting to correct, as far as in his power, a great medical abuse, he is doing that which not only will not diminish, but on the contrary will increase and promote, a rational confidence in the healing art." It is not to writers like Dr. Henry, who come openly forward to disseminate the great truths of physic, without any self-interested motive, that the guardians of professional honor will ever seek to apply the lash, but to those base and dishonest men who, under the thin pretence of communicating information to the public, plot in reality how they may lure them into their toils.

In the first page of the dialogue, a vivid picture is drawn of the misery of a bilious or dyspeptic and nervous patient, and of the flattering but delusive and merely temporary relief afforded by purgatives; a picture, of which every physician will admit the truth, who has had much experience in such cases, and who knows the ordinary mode of treatment of them by routine practitioners or the patients themselves. After a complete exposure of the inadequacy and injurious effects of the purging

* A Dialogue between a Bilious Patient and a Physician. By James Henry, M.D., Fellow of the College of Physicians, Dublin. Third edition.—Dublin, 1838. 8vo., pp. 58.

practice, the author—in reply to his patient's objections that "the necessity for a purgative is sometimes so pressing that present relief must be sought for, regardless of future consequences;" and that "the sentence of condemnation cannot be pronounced against those mildly opening and alterative medicines which neither sicken nor gripe, but merely give a gentle stimulus to the bowels, and assist their natural action"—enters into an elaborate discussion to show that the established creed respecting the necessity of having a daily evacuation of a certain consistence and color is utterly false; it thus concludes—

"I have now shown you that your opinion, that it is necessary to good health that the stools should be brought, by the aid of purgatives, to agree with a certain assumed standard, either with respect to frequency, or color, or consistence, is opposed, 1st, by your own experience of the utter futility of all attempts to render your bowels more regular by the aid of purgative medicines. 2dly. By my medical experience of the same fact with respect to other persons. 3dly. By my medical experience that such attempts are not only futile but ruinous to the health. 4thly. By my medical experience of the great variety that obtains in the stools of healthy persons, both with respect to their number, color, and consistence; or, if I may so say, by my medical experience of the non-existence of a fixed standard for the stools. 5thly. By the principles of physiology, which show that the stools of healthy persons must of necessity vary, and cannot by possibility be reduced to a fixed standard." (p. 27.)

He accounts for the great popularity, or, we may indeed say, of the nearly universal use of purgative medicines, by the great immediate relief afforded by them, by the real or supposed facilities they furnish for the indulgence in luxurious habits, by the fear that constipation, if unchecked, may lead to dangerous results, by the influence of traditional opinion, by the misapprehension of the advice of Locke given in his *Essay on Education*, and by the direct and most extended authority of the late Mr. Abernethy (the author might have added Dr. Hamilton), and by the great recommendation of the practice to British practitioners from its simplicity and facility, and its harmonizing so happily with the empirical and *effective* practice so long characteristic of medical practice in this country; and, finally, by the efforts of the host of pill-makers, called into existence by these potent and multifarious causes on the infallible principle of statistical economy that supply will follow demand. These last two causes are happily explained in the following passage:

"Under this system a careful and laborious investigation into the particular circumstances of each case was no longer necessary: well prepared with his purgatives, the physician was ready for every case which might occur. If he understood the case, he gave purgatives, because he was convinced that they were required; if he did not understand the case, or had not leisure, or inclination, or ability to investigate it, he still gave purgatives; and thus, if he did not cure, he at least purged the patient, and so avoided the appearance of not knowing what should be done, and of standing an idle and inactive spectator of the progress of

the disease. Thus were purgatives at one and the same time the offensive and defensive armor of the physician; the keen weapons with which he combated all diseases, and the secure coat of mail which covered his own ignorance, incapacity, or inattention. The practice of physicians to prescribe and recommend opening medicines, and the general use made of them by the public, produced of course a great demand for medicines of this class; the manufacture and sale of purgatives therefore became a profitable employment, and was carried on extensively by a great number of persons, who, deriving large incomes from the sale of their medicines, took infinite pains, by means of advertisements in all the newspapers and periodicals, and by agents in almost every town in the empire, to give notoriety and celebrity to their nostrums, and at the same time to keep up the credit of the purging system, on which the sale of their drugs, and of course their revenues, entirely depended." (page 35.)

Having convinced his patient of the groundlessness of the system of curing bilious complaints by purgatives, and of the utter inadequacy of these means to accomplish the end desired, the physician enters upon the exposition of his own *rational* system, which has the great merit of containing nothing that is novel, and nothing but what every experienced physician, who is accustomed to think and reason as well as to observe and prescribe, will admit the truth of. This system comprehends merely due attention to air, exercise and diet.

"Your symptoms having arisen from the inability of your stomach properly to digest your food, and air and exercise affording the natural, and certain, and well-known means of strengthening the stomach and increasing its digestive power, it follows that if your stomach is not (as I believe it is not) already injured beyond recovery, and if you are careful not to injure it in future, you have only to take sufficient exercise in the open air, in order to render your stomach equal to the digestion of your food, and so obtain the perfect recovery of your health. You have for many years lived an anxious, sedentary life; you have passed much of your time in close, badly-ventilated apartments, and have taken but little exercise or healthful recreation; you must change your habits in all these particulars; you must give less time to business and sedentary occupations, and more time to exercise and recreation in the open air. If your circumstances do not permit you to ride, or hunt, or shoot, or course, you can at least afford some time for quick walking: if the middle of the day is engaged, you can rise early and walk before breakfast; or, if that time also is devoted to business, you can take an hour's walk at night, just before bed-time; a practice quite free from danger to those who have not delicate lungs, and which has the advantage of warming the skin, and particularly the feet, before going to bed, and of composing and refreshing the mind after the fatigues and business of the day. . . . If you are too timid to go out at night in bad weather, you can practise dancing, or fencing, or sparring, or some other gymnastic exercise at home; or you can play with young people or children at some of their cheerful games; or you can read for an hour in a loud voice, an exercise celebrated even among the Romans for the cure of

bilious diseases, but most unaccountably neglected in modern times, although it has not only the effect of strengthening the stomach and assisting the action of the bowels, but also of bracing the chest and lungs, and improving the organs of voice and articulation, while at the same time it affords you an opportunity of directly cultivating the mind itself." (p. 42.)

The patient objects that his business is such as to leave little leisure for either exercise or amusement: the physician combats the objection, on the principle that "a man can always find some time for what he is fond of," and insists on the possibility, nay certainty, of his being able to take advantage of "some one or more of the exercises and recreations enumerated." "If, however," he adds, "you are unfortunately so circumstanced that you cannot or will not put into practice any of the measures which I have mentioned, there is yet another method to which you may have recourse, and from which I can promise you very considerable benefit; a method, too, which is perfectly in your own power, and which does not involve any sacrifice of time or any expense." (p. 44.) This method is the due graduation of the ingesta to the powers of the stomach and the wants of the system; in other words, proper attention to diet.

"As you find it impracticable to take those measures which are necessary to render your stomach equal to the work which it has to do, give it less work; do with it as you do with a weak horse; when you cannot strengthen the horse so as to render him equal to the work, you diminish the work so as to render it equal to the strength of the horse; do the same with your stomach. . . . You cannot take the stomach of another person as a measure for your own. . . . One man will be filled, even to repletion, by a quantity of food scarcely sufficient to satisfy the cravings of another man's hunger. There is no rule so good, or so general in its application, as the feeling of the stomach itself; if, after a meal, you are light and cheerful, and without flatulence or acidity, you have not eaten too much; if, on the contrary, you are oppressed or flatulent, you have erred either in the quantity or the quality of the food taken. . . . You inform me that circumstances render it difficult for you to use the means necessary to strengthen the stomach; the conclusion is obvious, you must diminish the quantity of the food. By so doing you will relieve yourself from the bilious symptoms; you will be no longer troubled with flatulence, acidity, and oppression after meals; your tongue will become clean, your spirits light, and your stomach, being no longer required to do more than it is able to do, will gradually improve in tone and temper." (pp. 45, 46.)

It is, however, only the combination of these two, by the simultaneous employment of proper exercise and proper diet, that the rational and certain cure of the disease is to be effected. Either will fail singly; but the effect of both will be triumphant.

"But this method [that is, taking only as much food as the stomach can digest], although calculated to cure your bilious symptoms, is still an imperfect method; because your sedentary, anxious, careful life (the original cause of the disorder in your stomach) will still exert its inju-

rious influence, weakening and emaciating your muscles, shattering your nerves, and unfitting your stomach for the digestion of more than the smallest quantity of the plainest food. You will be improved, indeed, because your stomach will be able to digest the diminished quantity of food; but this quantity of food being too small to impart full strength and vigor to your frame, you will still be an invalid, although no longer bilious. If you wish your cure to be complete, combine the two methods judiciously together. While your stomach continues weak, give it less work; but in the mean time do not neglect the means necessary to restore its strength. As it grows stronger it will not only be able to do more work, but its work will be better done; it will digest its food better, and the food, digested better, will produce stronger muscle, bone, and sinew, by means of which you will be enabled to take an increased quantity of exercise without fatigue; the increased quantity of exercise will produce increased strength of stomach, and the increased strength of stomach increased strength of muscle, bone and sinew; and so the improvement will go on in a circle; your bilious symptoms will disappear as if they were charmed away; you will lose the fastidiousness of palate and capriciousness of appetite, which a disordered stomach always generates; and you will restore to your dietary, with safety and even with advantage, various articles of food which are at present excluded from it; the bloom of health will adorn your cheeks, and vigor of body will accompany and promote vigor of mind and serenity of temper." (pp. 46, 47.)

The patient, at length thoroughly convinced by the physician's arguments, takes his leave, promising to follow out in practice the principles laid down. This he does rigidly, and on his return, *after three months*, he announces his cure to be complete. He says, "I am a new man; you have been the means, under Providence, I will not say of saving my life, but (which is much more) of enabling me to enjoy it. The existence that was almost a burthen to me has become delightful, my mind and body are both at ease, and I am enabled to employ their energies for the advantage of my family and the good of my fellow-creatures." (p. 49.)

All this is excellent; and we venture to say that that physician will alone treat successfully the vast class of chronic diseases included under Dr. Henry's comprehensive title, who adopts and follows up the general principles of the practice recommended by him. We have been long convinced that the attempt to cure habitual biliousness or chronic indigestion by mere medicinal prescription is at least as hopeless as that of the homœopathists to cure acute diseases by their imaginary medicines; and we know of no more crying or perilous abuse in the practice of physic than the universal system of purgation followed by the routine practitioners of this country. Well may Dr. Henry call the British nation "the most purging nation in the world;" and we confess we should be proud to aid him in his laudable attempt to do away this reproach.

In admitting all this, we are by no means disposed to bestow unqualified approbation on Dr. Henry's system as here exposed; it is too nar-

row and exclusive ; it contains some serious errors, both negative and positive, of omission and commission. He is decidedly too outrageous against the use of purgatives ; his horror of them almost exceeds that of *Chanticleer* in Chaucer's *Nun's Priest's Tale* :

"I say furthermore
That I ne tell of laxatives no store,
For they be venomous, I wot it well ;
I them defy ;—I love them never a deal."

Now it is one thing to prescribe the habitual use of a remedy and to trust to it almost exclusively for the cure of a disease, and another thing to employ this remedy occasionally and under particular circumstances. So far from the use of an occasional purge being injurious in bilious disorders, it is the very reverse ; and its employment in this manner does not in any way establish a necessity for its frequent repetition. Again, so far from proper aperients, even a course of them, being injurious in commencing the treatment of a bilious disorder of long standing, we hold them to be, in a majority of cases, essentially necessary, and necessary even to insure the success of the rational anti-medicinal system advocated by Dr. Henry. The regulated diet, the air, the exercise, will evince their beneficial operation much more speedily and beneficially after the intestinal canal has been freed from old accumulations, the torpid mucous membrane has been stimulated, the glandular emunctories unloaded and excited, the plethora of the portal system relieved ; nay, we are convinced that, without these preliminary measures, the hygienic treatment will entirely fail in a certain class of cases. We wish it, however, to be distinctly understood that we regard this medicinal course as merely preliminary and temporary ; for permanent benefit—for the cure, properly so called—we rely entirely, with Dr. Henry, on the rigid enforcement of hygienic measures. And here we think our author has taken too confined and exclusive a view of such measures, which has arisen from his regarding the morbid condition to be remedied as simpler than it really is. In cases of bilious disorder of long standing, almost the whole frame is implicated in all its organs and functions, in its solids and its fluids ; and, in contemplating this wide and multifarious disorder, it seems, at first sight, not very likely that any one measure, however comprehensive in its operation, should be able to remedy so general an evil, but that the proper treatment should include as wide a range of agencies as can be effectively and safely applied. With this view, in addition to the air, exercise and diet of Dr. Henry, we would enforce the use of other auxiliary means calculated to improve the disordered functions, not even excluding therefrom mild alterative aperients ; among these means we would lay particular stress on bathing, warm, tepid, or cold, general or local, according to the circumstances of the case ; friction to the surface ; rigid attention to the state of the mind ; and such *medicinal* treatment as the aggravated affections of particular organs, which almost invariably ensue in protracted cases, seem to require. It would surely be absurd to trust to exercise and diet alone for the cure of an incipient gastritis, or congested liver, or overloaded colon, or turgid abdominal veins, when we had it in our power more speedily and effect-

ually to relieve these by the employment of leeches to the præcordia or anus; by the use of mild but effective purgations or injections; by a course of warm bathing; or even by a short course of gentle mercurials. We recommend these and other similar views to the consideration of Dr. Henry, and trust that he will not overlook their importance in preparing the next edition of his Dialogue for the press.—*British and Foreign Medical Review.*

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—One word more about this tobacco affair. I would not again have opened my mouth on the subject, if a gentleman had not been using my name in a late number of the Journal, and that, too, in a manner not the most advantageous to myself. However, if you will give me a little room, I will dispose of the gentleman and his arguments in short metre. I will, therefore, as the gentleman seems to take hold of the wrong end of everything he meddles with, begin with the end of his exceedingly *wise, instructive* and *entertaining* communication, and make a few short remarks on each of his paragraphs, from the end to the beginning, which concern myself.

In his last paragraph, the writer has made a most wonderful discovery; namely, that the sore throat is caused by speaking. Most surprising! But he has not only discovered the cause of the disease in question, but, lo and behold, he has invented a remedy for it! And what is this remedy? Why, it is leaving off speaking. Incredible! He has discovered that the vocal organs were not formed for speaking; that speaking gives men the sore throat, and that leaving off speaking is an infallible remedy for the disease.

Looking at the next paragraph, that is, going backwards, like the crab and the gentleman's reasoning, we find that he makes a formal inquiry why and wherefore, &c. Now, this question is beyond our comprehension; but we should imagine that the man who could discover that speaking gave men the sore throat, and that leaving off speaking would cure it, could certainly solve so simple a question as the one he has proposed.

But to go on. The gentleman thinks cold water extremely good for public speakers to take during the delivery of their discourses; and to prove this, he brings forward an array of argument that must surely make the world stare. But the gentleman gets into a sad quandary by giving us to understand that he does not know the difference between fatigue and fever. He most wisely concludes that the vocal organs are often in a state of fever during speaking. It is something which I have yet to learn, that we cannot use any or all of our organs actively, without bringing a fever upon those organs, so that, as the gentleman declares, they require cold water to cool them. I well know that when for a long time we use any of our organs, they become fatigued; but that they cannot be used without bringing fever upon them, is strange in-

deed. Then the gentleman has a remarkable remedy for the fatigued (not the fevered) organs; and that is, cold water. I would, without proceeding any further, just inform the gentleman, for his especial edification, that our organs are so formed that we may use them without inducing fever in them; that their long-continued use fatigues them; and for the especial edification and the more particular safety of his patients, I would just insinuate, in the most delicate manner possible, that cold water is not exactly the thing to be applied to a fatigued and exhausted organ, or to an exhausted patient. Not exactly the thing, did I say? Indeed, the very idea is monstrous and absurd! And what does the gentleman recommend, but this very thing? The application of cold water to the delicate organs of the voice, when, after excessive labor, they have become fatigued and exhausted!

In the next paragraph (a *tergo* proceeding), the gentleman says that he has spent much of his time in being instructed when *not* to give medicine. I thought this was the case from the perusal of his communication; for, from this I should judge that he had spent all his days in learning how and when not to perform his professional duties—or, in other words, that his whole life had been spent in being taught *ignorance*. For what is it but being taught ignorance to be instructed when and how *not* to do a thing? I would inform the gentleman, that being instructed when and how *not* to do a thing, is just no instruction at all. What instruction would it be to me for a man to tell me when or how *not* to perform a mathematical question? He again says, the disease in question is exclusively confined to clergymen. This discovery is all but equal to the remedy he discovered for sore throat, and is the farthest possible from the truth. Again he says, that ministers rarely take cold water during the delivery of their discourses. I would merely say to this, that his observation must have been extremely limited, and that the inference drawn from it is as false as the assertion which we have last considered.

I would merely state, in conclusion, that my opinion with regard to the injurious effects of cold water on the voice, when taken during public speaking, was an opinion of the moment, and given without much reflection on the subject; but having my attention again called to the subject by the late remarks in the Journal, I have reflected on it more closely, and the more I have reflected, the more I have become confirmed in that opinion. And I firmly believe that every rational man who will take the trouble to investigate the subject, and who does not, like the gentleman whose remarks we have been considering above, believe that our organs cannot be exercised without throwing them into a state of fever, will arrive at the same conclusion. N. H. ALLEN.

Gray, Me., June 19, 1839.

REMARKABLE EFFECTS OF CREOSOTE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed some articles in your useful Journal upon the value of creosote, I take the liberty of reporting a case which has come

under my own observation, proving its value, and which, if you think proper, you may insert in the Journal.

Miss L. C., aged about thirty, of this city, called on me on the 19th of April last, for medical advice in relation to an indolent ulcer, situated about half way between the knee and ankle, four inches in length, and from one to one and a half in width. The greater part of the limb below the knee was very much swollen, attended with a good deal of inflammation, and was very sensible to the touch; the pain was variable, but much of the time severe. A viscid, tenacious and fetid discharge was kept up from the ulcer continually. In short, it had every appearance of being one of those troublesome ulcers which so often baffle the skill of the physician, and are thus pronounced incurable.

Having used creosote in somewhat similar cases before this, with the most happy effects, I was induced to try it in this, which I did in the following manner. R. Aq. font., 3i.; creosote, gtt. x. This I applied to the ulcer and parts affected or swollen, every other day, with a cotton roller three inches broad, applied tightly from the toes to the knee. This, together with rest from labor, caused the ulcer to heal perfectly sound in five weeks, and the parts adjacent to put on a healthy and natural appearance; and it remains, as the patient herself terms it, "well."

Note.—This case had been of eleven years' standing, and had received many different kinds of treatment, without receiving much, if any, benefit. I should be inclined to give some of the credit of the cure to the bandaging, were it not that the bandages had been applied previously to no purpose.

DAVID CRARY, M.D.

Hartford, Conn., June 24, 1839.

EXTRAORDINARY ABSTINENCE ATTENDING CHRONIC PERITONITIS.

TREATED BY DRS. MERRIMAN AND PLYMPTON, MADISON, OHIO.

[Communicated for the Boston Medical and Surgical Journal.]

Miss M. D., daughter of the late Rev. Jonathan Winchester, of Ohio, died in February last in the 17th year of her age. Previous to her last sickness, she had suffered two attacks of mucous gastritis, both of which were severe, and of some weeks' continuance. From the first attack, which occurred four years ago, she began to complain, as we afterwards learned, of a circumscribed hardness of four or five inches in diameter, without much pain or soreness, situated a little superior and anterior to the crest of the left ilium, with inability to "lie straight in bed." To these symptoms, however, our attention was not called till after her second attack, which occurred two years ago. From this time she continued under medical treatment, more or less rigid, according to the urgency of her symptoms. As the details of treatment in this case would be uninteresting, we need only say, that the length of time she continued our patient afforded us an opportunity of exhausting all the resources of the healing art which we could derive, either from our own

experience or that of others. Alteratives and counter-irritation in all its varieties were rigidly and perseveringly tried.

During the time last referred to, she was seldom confined wholly to the house, but was able to discharge all the relations of a kind neighbor, in visiting the sick, during the autumnal fevers of last year, till the latter part of November. She was then, after having complained for some days of increased tenderness and hardness of the abdomen, suddenly seized with violent spasms, incessant vomiting and paroxysms of sinking, and seemed likely to live but a short time. The bowels were at first hard, with tympanitic distention, but afterwards wholly lost their elasticity and became very much sunken. During the first eight days, we were enabled to administer a little nourishment in the form of mucilaginous drinks, and also to procure cathartic operations, but not without the utmost difficulty. Small doses of calomel, so intimately combined with mucilage as to escape her notice, was the only form in which she could retain any cathartic medicine upon her stomach, even for the shortest period of time.

During the last nine weeks, we were unable to procure any alvine evacuations, or to administer food in any form whatever. Every species of aliment or medicine was invariably rejected, and pure ice water alone, sucked through an oaten straw, constituted her only medicine, food and beverage, through a period of more than sixty days; and during the last week she did not even take this. Enemata had been used for cathartic purposes, but her earnest entreaties prevented their ever being employed for the purposes of nutrition. Her intellectual powers continued unimpaired, with the exception of ten days. During this time she remained mostly in a state of rapturous delirium, passed three days and nights without sleep, and would often consume three or four hours together in her favorite employment of singing. This season of mental derangement was succeeded by a return of reason for the last four days, and she remained able to converse with her friends to her last moments.

This case affords a rare illustration of the self-sustaining powers of the human system, in certain cases, when deprived of its ordinary supports; especially if it be relieved of its usual expenditures. A hasty inspection, twenty-four hours after death, in the presence of a number of medical gentlemen, revealed no indications of disease, except in the abdominal viscera. The omentum was wholly consumed, except some ligamentous shreds firmly attached to the bowels. Numerous ligamentous bands were found confining the convolutions of the bowels to each other, and to the parietes of the abdomen; while the duodenum was immovably fixed, and so involved in an agglutinated mass embracing the pancreas, spleen, and a portion of the intestine, as to be with much difficulty traced. The mucous coat of the stomach was very much reddened throughout its surface, as was also the mucous coat of the bowels—but without ulceration. No part of the uterine or urinary apparatus exhibited marks of disease.

E. S. PLIMPTON.

June 12, 1839.

CONGENITAL CATARACT.

OPERATION BY DIVISION, AND PERFECT RECOVERY OF SIGHT.

[Communicated for the Boston Medical and Surgical Journal.]

CASE.—Louisa, a colored child aged five years, living with Hiram Frayurd, three miles from Woodville, Miss. Health and constitution good; eyes presenting a full and natural appearance, with the exception of light-gray cataracts in both, intercepting entirely all vision. The bowels were opened with sulph. magnesia; the pupils well dilated with the ext. belladonna, and twenty drops tr. opii administered thirty minutes previous to the operation. The eyes had acquired great mobility, rendering a fixed position quite impossible. The operation of division was chosen as the one indicated, the cataracts being lenticular and of a gelatinous consistence. The eyes were operated upon at successive periods in the years 1837–8, with desired success. A solution of the ext. belladonna, gradually weakened, was applied night and morning for three days after the operation. No inflammation supervened requiring treatment, and in ten days all dressings were removed, as the eyes presented a healthy appearance. In about three weeks the pupils had resumed their natural size, and no appearance of the cataract remained. Since the recovery from the last operation up to this time, May, 1839, the eyes have been gradually improving. Mobility much lessened, and the muscles of the eye under the control of the will. She is now able to recognize small articles, pick beads from the floor, &c., and readily distinguishes colors and persons. Glasses have not yet been used, but will be resorted to, when vision, at a proper angle, will be perfect.

Woodville, Miss., June 2d, 1839.

C. S. MAGOUN, M.D.*

ANATOMY OF CLUB-FOOT.

ALTHOUGH the malformations which are known under the popular denomination of club-foot are extremely frequent, and their treatment carried to a high degree of perfection, we possess but few accurate records of dissections of the affected limb. The following account of a case of talus, lately presented to the Royal Academy of Medicine by M. Bouvier, is therefore worthy of some attention:—

“It occurred in the person of a man, who died at the age of sixty-six years in the Hotel Dieu. The malformation had been developed in this individual when at the age of twelve months, and consisted in a forcible extension of the foot, by which the weight of the body was made to fall entirely on the heel. The angle which is formed by the axis of the foot with the leg, is sixty degrees, and the point of the foot is with great difficulty brought down so as to form a right angle. When this is done the tibialis anticus, extensor communis, and extensor proprius pollicis muscles, are thrown into a state of extreme tension. The integuments of the heel are thick and horny; those of the rest of the

* We shall be pleased to receive reports of the cases referred to by Dr. M. in his private letter.
—EDITOR.

foot are fine and thin, showing that the heel had to bear the entire weight of the body. The os calcis is directed somewhat outwards; the whole foot also deviates outwards in a slight degree; the sole of the foot, instead of forming an arch, is nearly flat. The lateral peroneal muscles are shortened, but those which cover the back of the leg are elongated. The whole limb is remarkably wasted, the muscular fibres completely deprived of their color, and presenting that peculiar fatty appearance which so often occurs in cases of club-foot."

The operation of dividing the tendons, which has been practised with so much success in cases of children affected with club-foot, has never, we believe, been tried on a patient far advanced in life. It was, therefore, a matter of some interest to determine how far the malformation, in the present instance, might have admitted of remedy by surgical means. The tendons of the anterior muscles were divided, and immediately the point of the foot was brought down to a right angle, the deformity almost completely disappearing.—*Bul. of the Academy.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 3, 1839.

DR. PALMER'S ADDRESS.

ON the 12th of June, the graduating class of the Vermont Medical College, in Woodstock, was addressed by the president, David Palmer, M.D., in a manner to have gained the applause, we apprehend, of all who had the privilege of being within the sound of his voice. If there is any essential fault in the address, it is too short: however, as the great secret of securing the approbation of our fellow men consists in not wearing out their excitability, it may perhaps be an evidence of the president's good judgment and sound discrimination, that he did not exceed twelve duodecimo pages.

Were the whole re-published in our pages, it might be thought that other matters, of a more immediately practical character, had been omitted; and, on the other hand, if we copy only a fragment here and there, the author may consider himself unjustly exhibited by piece-meal. At all events we shall detach a paragraph or two, and hazard the consequences.

"And here allow me to say, that your power of exerting a moral influence for good or for evil, must necessarily be great. If, by your professional skill, your kindness of temper, and the urbanity of your manners, you secure such a standing in the affections of individuals and families, as these qualities seldom fail to secure, you will be placed most advantageously, to infuse either the rank poison of infidelity, or the fragrance of pure and holy affections and belief into the hearts and minds of your employers. The visits and the influence of the clergyman upon the sick are often dreaded. They are too ghostly, and put him in mind of his funeral; but the single-hearted and pure-affectioned physician, who feels the value of the consolations of christianity, is indeed an acquisition in the chambers of the sick. And, to accomplish all the good in his power,

it is by no means necessary that the physician should be ostentatiously moralizing or preaching on every or on *any* occasion. The calm influence of his example, and occasionally a good word fitly spoken, may be productive of great good. *Above all things* you will not at this time of day, either in your more private and confidential intercourse, or by your public influence, attempt to undermine and shake the stability of the christian religion, or darken the faith or weaken the hopes of those who regard it as their only refuge. A certain proportion of your employers, in every community, will be those who cherish the christian's hopes; and if you have *not* a corresponding faith, if you regard those hopes delusive, you can frame no reasonable apology for attempting to dissipate them. The time has gone by, when infidelity was regarded as a proof of deep thinking—of profound research, by anybody."

Young physicians ought to feel obliged to the doctor for reminding them of an important fact, which, unheeded, has turned scores topsy turvy, who were and would have been on the high road to professional eminence, had they eschewed politics.

"With political contests you will do well not to be deeply engaged. As members of a free government, and as eligible to all its places of honor and trust, you are at full liberty to form and maintain your own opinions, of the men and measures of the government. And this you may do, without becoming in the modern, the popular, the *hateful* sense of the term, politicians. Politics, in the modern acceptance of the term, has become a *trade* in which an honest man can hardly engage. The thin pretence of principle, which is held out to allure the simple-hearted followers, in the rank and file of political parties, is either not mentioned, or mentioned with derision by the leaders, among themselves."

Again, the elevated views expressed in another place, are calculated for all meridians, and could not be too perseveringly adhered to in the intercourse of practitioners of the same scientific profession.

"The man, who, when called to consult with *you*, makes a display to attract the notice of the patient, or his friends, or suggests that this, or that, should have been done in season, or *at least* ought to be done now, forfeits your confidence—incurrs your contempt. You *may*, perhaps, prudently forbear the expression of what is passing in your mind. It may be better not to quarrel with, but you will always despise and shun him. And how fits the golden rule in this contingency? Why, just as it fits in all other contingencies. What you would have others do or avoid with you, that do or avoid in your intercourse with them; and the consequences will always be right."

Thus far, the institution over which Dr. Palmer presides has been steadily progressing, and at no period of its history could be contemplated with more satisfaction than at the close of the late lecture term.

Maine Lunatic Hospital.—It is understood that the edifice, now in progress at Augusta, will be ready for the reception of patients in the course of the ensuing autumn. The principal building, of granite, is to contain two hundred apartments, besides a room in the attic, eighty feet long by forty in breadth, and fifteen high, designed for a chapel. Strict attention has been paid in the construction to ventilation and warming. On the whole, as the architect has had the advantage of the improvements introduced into all the other insane establishments which have been erected in the country, it is presumed that the Maine hospital will equal, certainly,

if it does not entirely surpass, all others in point of beauty, utility, comfort and convenience.

Journal of Dental Science.—A noble enterprise has been undertaken in New York by Chapin A. Harris, of Baltimore, and Eleazer Parmly, of New York, gentlemen of commanding influence and character, as operative dentists. It is truly a generously devised scientific journal. It consists of 48 octavo pages, beautifully printed, and afforded as cheap as possible. We cordially recommend it to all dentists—a goodly number of whom in the United States have long been our patrons—as entirely worthy of their sustaining power.

Dr. Harlan's Cabinet.—In looking back to page 225, vol. XIX., a notice will be found of the articles constituting Dr. Harlan's very valuable cabinet. The owner, just before leaving for Europe, tried to make a sale in Boston. We learn that a recent fire occurred in Philadelphia, at the Messrs. Wetherill's White Lead Factory, at which the entire cabinet of anatomical preparations for the illustration of comparative anatomy, was destroyed. They were the collection and labor of years, under the eye Dr. Harlan, who is now in Europe, and who has refused a large sum as the price of their purchase.

College of Physicians and Surgeons, Upper Canada.—Some one, unknown to us, has kindly sent the by-laws of the College of Physicians and Surgeons of Upper Canada—a most acceptable favor, for which we return many thanks, not knowing before that the institution existed. A principal part of the constitution, together with the essential by-laws, will be introduced into the Medical Almanac, now preparing for the next year. The present officers are: C. Widmer, M.D., President; Lucius O'Brien, M.D., Secretary, resident of Toronto.

Montreal General Hospital.—An interesting quarterly report of the committee of management for the quarter ending April 30th, 1839, is respectfully acknowledged, and we regret not knowing to whom we are indebted for the favor. The expenses were £538 6s. 9d. Remaining patients of the last quarter, 45; admitted during the quarter ending April 30th, 106; discharged cured, 93; discharged for irregular conduct, 1; died, 6; remaining 46. S. C. Sewell, M.D., and Geo. W. Campbell, M.D., attending medical officers. It would be doing us a kindness to have all succeeding reports of this well-conducted hospital sent to the address of the editor, as in the present instance.

Sherman's Truss.—An advertising handbill, of huge dimensions, surmounted by a coarse drawing of the inguinal regions, to which are appended the commendatory testimonials of forty-five distinguished surgeons and physicians, came on the other day; but we like to see things as well as read about them. If the instrument is truly what it is represented to be, it would conduce to the sales of the proprietor to have one for exhibition in the Journal office, where more physicians would see it than in any other place.

Catarrhus Autumnalis.—At the late meeting of the Hopkins Medical Association in Hartford, referred to in last week's Journal, Dr. J. Barratt, of Middletown, read a dissertation on *Catarrhus Autumnalis*, with copious notes, &c., and with reports of cases to illustrate this rather rare and troublesome affection. He also furnished notes to show the connection of this disease and the flowering of particular plants named, and these he attempted to show were intimately connected with the disease, if not the cause of it. He also read parts of Dr. Elliott's Botanical Lecture on *Catarrhus Æstivus*, or *Hay Fever*, from the Boston Medical and Surgical Journal of June 17th, 1833, Vol. 8th; and demonstrated that the diseases were identical, as much so as difference of climate and flowering time would allow—only with us it was later, appearing about August 14th and lasting one month, or till such plants as he named had passed flowering. His intimate knowledge of British Botany enabled him to hint what plants were most probably concerned in producing the disease in Great Britain. Dr. Barratt may consent to publish, more largely and minutely, his views hereafter upon this interesting subject. Dr. Welch, of Wethersfield, read an interesting dissertation on dysentery, from which we do not feel ourselves at liberty, for the present, to extract.

Hospital of Macao, China.—The Rev. Peter Parker, M.D., the distinguished operator, whose success in surgery has rarely been equalled in any country, has made a report of the condition of the hospital under his care at Macao, which was opened on the 5th of May, 1838, while some necessary repairs were made on the Canton Hospital with which he has been officially connected, under the auspices of the Medical Missionary Society, ever since he arrived in that country. The Macao hospital is capable of containing two hundred patients. There are nineteen spacious rooms on the second story, and as many on the ground floor—an extensive garden, three wells, and a large front yard. The edifice is of brick, strongly built. Cases will be selected from this report, some of which are quite remarkable in character.

Price of Chirurgical Fellowship in Scotland.—In order to become a fellow of the Edinburgh Royal College of Surgeons, incorporated so lately as 1778, the candidate is required to present an essay upon some surgical subject, which, if approved of, he must print at his own expense and circulate among the fellows. Next, he must undergo three examinations before the College, on anatomy, surgery, chemistry, materia medica, &c., and also on the dissertation which he has written. If he passes these trials to the satisfaction of the institution, he is admitted to a fellowship in full communion, on paying *two hundred and fifty pounds!*

TO CORRESPONDENTS.—The communications on the use of tobacco and on the cause of bronchitis in clergymen, from Dr. Mauran, Dr. Howe, and Dr. E. G., and the paper on scarlatina, were received too late for this number.—Dr. Woodward, of Quincy, Mass., will please accept our thanks for the kine-pock matter, which was taken by himself from the cow last week. As soon as we have had time to test the character of the lymph, his letter will be published.—Dr. Josiah Crosby, of Meredith Bridge, N. H., has laid us under peculiar obligations.—Dr. Haskell's paper will be inserted as soon as we can find room.

Whole number of deaths in Boston for the week ending June 29, 32. Males, 9—females, 13.
Of consumption, 1—inflammation of the bowels, 2—child-bed, 1—infantile, 1—scarlet fever, 5—brain fever, 1—hooping cough, 1—teething, 1—marasmus, 1—croup, 1—old age, 1—salt rheum, 1—lung fever, 1—worms, 1—tumor, 1—stillborn, 4.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1838, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	- - -	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	- - -	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	- - -	ROBERT WATTS, M.D.
Surgery, by	- - -	WILLARD PARKER, M.D.

Fee for the course of lectures, \$50; fee for those who have already attended two full courses at an incorporated medical school, \$10; graduation fee, \$18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

By 3—

By order of the Faculty, ROBERT WATTS, JR., M.D., Decm.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peizotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—ly

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct. 31—ept

TO PHYSICIANS.

A PHYSICIAN who wishes to relinquish the practice, can hear of one of experience who would be glad to occupy his stand, and who can give the most unexceptionable references as to character, &c., by addressing a line to the editor, post paid.

June 19—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XX.

WEDNESDAY, JULY 10, 1839.

No. 22.

A CASE OF MONSTROSITY.

Read before the Union Medical Association, By JOHN GEO. METCALF,
M.D., of Mendon. [With a Drawing.]*

[Communicated for the Boston Medical and Surgical Journal.]

THE author of the following communication has been induced to furnish a copy of it for publication, not that he expects thereby to extend, in any great degree, the bounds of medical knowledge, or add new store to the list of remedial agents; but, simply, that an account of a case, sufficiently designated by the caption to the present article, may be preserved for future use. But what use? To assist in the discovery of the laws which regulate and govern such, at present considered, *ab-normal* productions; to lay by, an isolated case to be sure, for future occasion, but which may serve to aid in bringing to light the philosophy of these "freaks of nature," as they have, irreverently, been called.

With regard to this matter of deformity in children, we now "see through a glass darkly." So they once did with regard to the circulation of the blood, until Harvey cleared up all doubts on that score; and who shall deny that some future physiologist may not be able to clear up the doubts which envelope the present subject, and that the laws which govern in the development of these untoward specimens of humanity may not come to be as well understood as any other physiological rule already established.

But if the publication of the present article shall subserve no valuable professional purpose, it may, at least, aid some future D'Israeli in the collection of a volume of *medical* "Curiosities," and be found, no doubt, in the chapter appropriated to the relation of things wonderful and unaccountable. But to the case.

Mrs. —, after a day or two of more than usual hard labor, was attacked with severe abdominal pains, soon followed by a slight uterine hæmorrhage. These symptoms continued through the succeeding night without any abatement, the pains being so constant as to allow her but little, if any, sleep. At half past 9 o'clock, A. M., on the following

* This Association is, at present, composed of Drs. Allen and Ballou, of Woonsocket, R. I.; Dr. Marsh, of Slatersville, R. I.; Dr. Robbins, of Uxbridge; Dr. Fisk, of Milford; and Drs. Wilder, Southwick and Metcalf, of Mendon. It was organized May 12, 1834, and, with one intermission, has continued its regular monthly sessions since. At each meeting some one reads a dissertation, and the other members contribute accounts of cases and papers upon medical subjects; after which the remaining time is taken up with unrestricted but friendly criticism. Its meetings are holden on the Monday preceding the full of the moon, at the office of Dr. Abel Wilder, in Blackstone village, in this town.

day, I was called to visit her. On my arrival I found her walking about her chamber, and, apparently, in strong labor pains. She supposed herself between six and seven months advanced in pregnancy. She has never suffered abortion; usually enjoys good health, and is the mother of two fine children. I advised her to go immediately to bed, hoping, peradventure, the premature delivery might be avoided. Complying with my advice, examination was then made, and the vertex of the fœtus was found resting upon the external organs. The hæmorrhage was slight, and the membranes were not ruptured. All hope of restraining the threatened abortion was now abandoned, and the customary preparations were directed to be made for the approaching delivery. The pains continued to grow stronger and more frequently occurred until 10 o'clock, A. M., when the membranes were ruptured and an *extraordinary* flow of water followed. A few more contractions accomplished the delivery.

The child was stillborn, exhibiting no signs of life except a few feeble, convulsive motions of the extremitities, which soon ceased. On examination the child was found to be deformed, as follows. The hand, if such it could be called, consisted only of the thumb and fore-finger; the other fingers, with their corresponding metacarpal and carpal bones, being absent. The thumb and finger were well formed, and the nails perfectly developed. On examination of the fore-arm, the ulna was also found to be wanting, so that the fore-arm and hand, in their osseous organization, consisted only of the radius, the ossa scaphoides, trapezium and trapezoides, the metacarpal bones of the thumb and index, together with their respective phalanges. The fore-arm was bent up towards the humerus, and could not be straightened, being apparently held in that position by a rigid contraction of the skin and muscles at the flexure of the elbow-joint.

The organs of generation presented the following malformation. A little fullness of the skin upon and below the pubis constituted what may be termed the rudiment of a scrotum. The usual site of the penis was occupied by a membranous tubercle about the size



and shape of a large pea, attached by a base of about two thirds its own diameter. At first no orifice was discovered in this tubercle, but on turning it up, upon its inferior portion and partly in its base a small orifice was found, which proved to be the opening of the urethra, as a probe, properly bent, passed through it readily into the bladder.

Referring the reader to an inspection of the accompanying engraving, further description is presumed not to be necessary to a distinct apprehension of the ideas intended to be conveyed. Could permission for dissection have been obtained, some further account of this case might have been herewith communicated.

The mother, on being informed that the child was deformed, immediately answered, "I expected it would be; it has a hare-lip, I suppose." On being asked why she supposed this would be the case, she said an acquaintance, who was thus deformed, had been at her house two or three times during her pregnancy, and that she invariably felt *very disagreeable* while he was present. Mothers frequently trouble themselves about the anticipated deformity of their children, but I never knew their predictions verified except in a single instance.

Mendon, June 10, 1839.

THE TOBACCO QUESTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Our patients often say, "we regret to trouble you to call so frequently," not reflecting that it is through such calls that we live. I may, with equal propriety, say to you that I am sorry to trouble you with another communication, but as it insures another grist to your mill (though it may be short measure), I trust that it will be taken in, the mill repicked, and receive "its turn."

The tobacco question has really created quite a breeze in your vicinity, if we may judge from the gentle fummy zephyrs that so frequently salute the senses, *jusqu'ici*. I have read the *pros* and *cons* on the subject, as they have been presented to the public through your prolific Journal, from all quarters, and reluctantly, though with truth, can subscribe to the verity of the old adage, "how wonderfully doctors disagree," even upon every-day questions.

In the various answers called forth, much discrepancy of opinion exists. One rails at all theory whatever, and after attempting to dislodge those which have been presented under circumstances almost irrefutable, again sets up another (for which he claims the exclusive patent), although unsupported by scarcely a tittle of evidence. For example, "The throat affection is the result of cold water taken during speaking." How this may be with the clergy in Gray, Me., I am unable to say; but really, so far as my observations extend, I doubt exceedingly whether one clergyman in one hundred, I had almost said five hundred, habitually practises water-sipping while in the desk, unless he be *ex-officio* 4th of July orator, on which occasions it is accredited as a part of the ceremony. Again, did the practice generally obtain, we have the

positive evidence of its inoffensiveness to the vocal organs, from the universal practice among our members of Congress, who, we are informed, invariably have water or some other liquid constantly before them for use, while addressing that body; and yet their efforts are long, and in all respects truly stentorian.

A word as to another assertion made by Dr. Allen. That "every one can testify who *has ever heard* the hoarse, thick, husky, mumbling, stammering, insonorous voice of the inveterate tobacco-chewer," is not doubted; but as yet having never had that opportunity, I must be permitted, for one, to question the justness of the remark.

Your correspondent "Senex," whose efforts heretofore have been much and justly admired, from his vast observation and experience, writes in a very plain, sensible, and candid strain, and truly in style sustains well the character which he has assumed; but, from his lamentations over "the disuse of every kind of generous drink," and encomiums upon some of our most reviled stimulants, calling them a "harmless beverage," &c., I fear will not find increasing favor with our modern reformers. With all his observation, however, he cites but one case in opposition to what was by me originally stated, viz., "that the throat affection, strictly so called and understood by the faculty, does not, as a *general remark*, develop itself in the habitually tobacco-using subject—that is, by chewing and smoking." He says, "In *one* case, at least, tobacco was not a preventive."

And here I would have it distinctly understood that I never intended to, nor ever did assert or believe, that every clergyman who does not use the weed must, *ipso omisso*, suffer from the disease in question, or that all who do indulge in it will be thereby exempted. The observation was therefore qualified by the expression, "as a *general remark*," &c. Neither do I admit that every species of throat disease, or unnaturalness of voice, whether from impaired explosive apparatus (the lungs), hereditary peculiarity as the sequel to some exanthematous affection, is the disease in question. Again, idiosyncrasy would present an insurmountable obstacle to a uniform law of action. All acknowledge the malady to be deplorably frequent, yet how few, very few cases have been presented, comparatively speaking, which in the least degree conflict with the original proposition above recited. Senex instances but one; and Dr. Woodward, although "fully believing that the use of tobacco is to promote rather than prevent the disease in question," and thought, in his first communication, "that of the *numerous* patients who had applied to him for advice, or whose cases had come to his knowledge, quite a *large proportion* used tobacco," cites, in his last communication, but *three* cases in support of his declarations, and two of the three (one of which, says he, "occurred since this communication was transmitted to the editor") had only "*some apprehension* that tobacco had to do as the cause of their disease." Then, again, the case of Judge Reeve (admitting "the loss of voice" to result from the disease in question, which I very much doubt, it being unaccompanied by local irritation, and believing it to be simply the effect of an atony of the vocal organs, from age or other constitutional cause, prob-

bly partial paralysis of the recurrences), is not conclusive, as it is stated that "in early and middle life only was he in the habit of smoking;" whereas he lost his voice at sixty. That he changed to snuff-taking has nothing to do with the question as originally stated; I never alluded to that practice but to condemn it altogether in public speakers.

Thus much for your correspondent's direct evidence from "numerous cases." But premising that no one is in doubt as to the sensible properties of tobacco, let us in a medical point review Dr. W.'s quotations from old authors, and, bating the possibility "that their opinions may have been given upon few data and without the reflection that is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind," they were unquestionably uttered under the universal prejudice that exists (and, as a general remark, with much propriety) against the indiscriminate use by all, as a luxury, of every species of narcotic or stimulant whatever. But, were their opinions deemed sound in their day? We know that the past quarter of a century has witnessed as great or greater fluctuations of opinion upon every day questions in dietetics and medicine, and among writers quite as eminent as those who have been alluded to. Compare the opinions of the most eminent writers "in this country and Europe" upon the pathology of that new interloper, cholera; or, if you please, scarlatina, as old as the hills (and it would seem as little understood as the former), and mark the discrepancy of view, the contrariety of treatment, by each recommended and pursued for the alleviation of their destructive ravages. How wonderfully have the views on insanity and its treatment changed within the past fifteen or twenty years.

Again, where now is the vaunted "humoral pathology" of Hippocrates and his eminent disciples Plato, Praxagoras, and others of the Pythagorean school, with its "four cardinal elements"? What now is thought of the mystical "number seven" of the dogmatic? What of the harmony of the "three sympathies"? What of the "eclectic" system of George Cheyne? the "Caducus Pulmonis" of Van Helmont? And among the moderns, where now the "lentor and viscosity" of Cullen, the "septon" of Mitchell, the "pulvidity of the fluids" of Hosack? Where the captivating system of John Brown, which, by the way, Rush so highly extolled? Where the "vagaries" of the imaginative "Darwin," with his amours of the plants? Gone with the age in which they flourished, as have the vain and fruitless researches of the alchemist and the fascinating forebodings of the wily soothsayer. What, now, of yellow fever, and its contagiousness? Why, believed we the eminent writers and philosophers of an age not far remote, even "European authority," the blood did not circulate in our systems, as we know that it does now-a-days! And so potent is prejudice, that no physician of the day, over forty-five years of age, would yield assent to the theory, even after the lucid and positive public demonstrations by the author of that great discovery. How recent Bell's promulgation of the wonderful physiology of the spinal nerves? Again, the Ptolemean system was well sustained until it was overthrown by one more strictly true, the Copernican.

Credat Judeus, seventy-five physicians of Boston "declare it [in 1836] as their opinion" (and *me judice* very properly so) "that men in health are never benefited by the use of ardent spirits." Yet how many, aye metropolitan, not an eighth of a century since, prescribed alcohol in its various forms to the aged and to those of equivocal stomachs as a life-protracting beverage, and useful renovator of the vital powers—a charming cordial! How few now ever do, although the practice is claimed to be sustained by scriptural authority; in fact, do any so dare, save honest "Senex"? True, high authority exists in favor of the prescription, if we "cite the opinions of the ablest and most distinguished medical men and philosophers of Europe." Asclepiades declared that "wine is an incomparable drink and a divine remedy," and the "immortal Hoffman" "cures very happily with wine many fevers, the acid in its composition assisting largely to develope its healthful activity." But I will not multiply instances. Does experience, that unerring test, prove the practice to be true and safe? No. Who now sings the praises of the "generous Falernian"—the flowing bowl—the healthful cordial—or toasts other than the "oaken bucket"? "*Tempora mutantur et nos mutamur*," &c. In truth, antiquated opinions are ever on the change, and so they ought to be; thus giving place to those based upon more observation and experience and less prejudice.

Now it is not pretended that tobacco is infallible in the cases in question, nor is mercury in syphilis, or bark in intermittents; but, as a general law, each will obtain as curatives. Whether "its use for years [and I grant the habit disgusting, although '*bewitching*'] has destroyed more valuable lives or broken down the health of more useful members of society than have been sufferers from the complaint in question up to the present time, or than there will ever be hereafter," others who have less faith and experience in its prophylactic and sanative properties may decide. My observations thus far compel me to withhold my adhesion to the declaration, I had almost said declamation.

One word touching the "tendency to *intemperance*" which the use of tobacco is said by your correspondent to superinduce. What people, as a nation, use more of the article, in its various forms, than the Hollanders? yet a recent traveller through that country has had the temerity to say, that "nothing can exceed the cleanliness, the personal propriety, and the apparent comfort, of the people of Holland. I did not see," says he, "a house or a fence out of repair, or a garden that was not carefully cultivated. We met no ragged or dirty persons, nor any drunken men, neither did I see any indication that drunkenness is the vice of any portion of the people." Again, the Spanish West Indian is not less famed than the Hollander for the use of "the weed," nor less so for strict sobriety and all those kindly hospitalities which serve to render life desirable and happy. The fact is that most of the philippics upon tobacco are, and have been, uttered under the influence of sheer prejudice against its use, and are not consonant with its statistical results, of which I propose to treat at some leisure moment, if yourself and readers are not already satiated with the discussion.

In addition to the negative, already cited in my original communica-

tion—and which ought to have been conclusive in favor of the use of tobacco under certain circumstances—I will just add briefly three cases of positive evidence which have come to my knowledge, either personally or by letter, of its decidedly beneficial effects as a curative as well as preventive; having made it a point of duty to write to every individual whose *name* has been learned by me, either directly or indirectly, as suffering from the disease, and yet a reputed tobacco user.

One clergyman states that he formerly used the cigar, but upon assuming his professional office, for certain reasons unconnected with health, having discontinued smoking, his throat subsequently was affected, incapacitating him for public speaking, but having resumed his accustomed habit, has now no further trouble.

Another, in a neighboring city, whose case was represented to me by a friend, and with much exultation as decidedly in conflict with my proposition, was addressed, and an answer promptly received; from which I deduce the following facts—that my correspondent was a great smoker until three or four years since, when he suddenly left off for a year, then again resumed the habit; that it was during the *period of abstinence* from smoking that his throat became affected, and that on the resumption of the practice his throat gave him no further annoyance. The disease was therefore, it would seem, not only prevented, but cured by the use of the cigar. Still farther, that the habit was not discontinued because it injured his health, but for causes wholly unconnected therewith.

A third case is that of another clergyman (of whom more anon), who had in vain tried eminent medical skill, absence for awhile in Europe under constant attention, &c., and upon returning in absolute despair, takes up the use of the cigar by recommendation, and is now safely restored.

I forbear to extend further this communication, and will simply subscribe myself

Yours, &c.,

Providence, June 12th, 1839.

J. MAURAN.

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I believe, with the editor of the Southern Medical and Surgical Journal, as quoted by you in this week's No. of the Journal, that "The claims of humanity are high; and in no instance more so than when preferred by the suffering clergy." The novelty of your suggestions on this disease has had the desired effect to call the attention of practitioners to it. But, unfortunately, no two writers agree in the etiology of the disease.

Whether its cause and prevalence arise from the "disuse of tobacco;" "to the disuse of stimulating diet and drink;" "to excessive speaking;" "to the use of cold water during this exercise;" to the "chilling walls at the back of pulpits against which clergymen often rest the upper part of the back, immediately after the exercise of preaching"—or, permit me to add, to the various exciting causes of dyspepsia or chronic inflam-

mation of the mucous membrane of the *primæ viæ*, can only be determined by statistical facts. Now we want these facts—all which have a bearing on the disease, and nothing but the facts;—not opinions, which must in most instances have been formed from too limited observations. How shall these facts be obtained? Permit me to suggest this method:—Invite some one physician or minister in each town in the New England States to send you, or some other individual, a short history of the ministers of the town where he resides, in health and disease, from its first settlement, or during fifty years past.

The following questions would show, in part at least, what is wanted to obtain a full knowledge of the disease, its causes and remedies. How many years have your ministers preached in health? How often have they usually preached on the Sabbath and during the week? What have been their habits of living—in respect to exercise, diet, tobacco and other narcotics? What have been their diseases? What their remedies? Their success? Cured, or fatal?

The answers to these questions, and other facts which they might elicit, when condensed and embodied, would present proper data on which to form opinions as to the causes and remedies of this disease.

The writer feels not only an interest in common with members of the profession, but this interest is greatly increased from the fact that his brother, a pastor of a large church and society in a town in Massachusetts, in the prime of life, has, for about two years, been unable to perform the services of the pulpit, on account of this disease, bronchitis.

Should this proposition meet your approbation, I tender you my address, as *post master*, to receive such communications; and services, if you please, to condense and prepare them in such a tabular form as would be convenient for the columns of your Journal.

Jaffrey, N. H., June 28, 1839.

Yours truly,

LUKE HOWE.

INFLUENCE OF TOBACCO ON LONGEVITY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A strong desire is now expressed in your Journal to ascertain, from facts, the effect of tobacco in any of its forms on the health of the community. That effect can be best ascertained by the number of cases brought forward, where persons have arrived at an advanced age who have, for the greater part of their lives, been in the constant use of the article, in some form or other. Even if these cases should prove to be in number the smallest, and considered only as exceptions to a general rule, still it will prove this fact, that tobacco is not always detrimental to the operations of nature, however disgusting and filthy the practice may be. It would be desirable for physicians to ascertain, in their circle of practice, how many cases of those who have arrived to the age of seventy and upwards, have, for a series of years, constantly used tobacco in some of its forms, and a statement as to their general health during an acquaintance with them. I feel very confident (setting

aside prejudice, which governs too many in giving their opinions) that much the largest proportion of cases will be found who are addicted to what many consider a vile and unhealthy practice.

The object of this communication is to cite a marked case, to which I was called on the 21st inst., of a lady in an adjoining town, of the advanced age of 101 years last month, who has been for the last sixty years in the daily habit of smoking a pipe. In getting from her bed, the morning I was called, she fell and injured her hip, so as to cause much pain, and excite fears with the family that her hip was dislocated or fractured. On examination I could find no derangement of bones, but ascertained a paralytic affection of the left side, though slight. For the last few days her son observed she had not resorted to her pipe as often as usual, though in other respects she was as well as ever. She has been in the habit of smoking her pipe before breakfast—after breakfast—at about half past 10 o'clock—after dinner—in the afternoon—after tea—and I think, though am not certain, before retiring for the night. Her flesh feels hard; she is of a full habit, more so than women generally are at the age of seventy. Her son's wife has resided with her for twenty-one years, and says she has never taken medicine except once some animal oil for a cough, and a few times a laxative of thoroughwort, &c., prepared by the family. She has been very regular in her habits, having stated times for her food, and always a certain quantity, without any regard to the kind of food prepared for her.

On learning a history of this case, I made inquiries to learn the history of all the cases in this town of those who had arrived to the age of seventy and upwards, and have found only one instance of either male or female who had not been in the practice of using tobacco, either in form of snuff, chewing or smoking, and often all three combined. The bills of mortality for this town are, I believe, as small as any in the Union of the same number of inhabitants, and I am confident no place can be found where so much tobacco is consumed, both by young and old.

From Dr. Mauran's statement, one of our clergymen has commenced smoking for an affection of the throat. The result may at some future time be communicated.

A. G.

Warren, R. I., June 29, 1839.

MALARIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—About the time the selection of a site for the lunatic asylum of the State was made, I was in conversation with a gentleman, whose opinion probably decided the choice of Worcester in preference to South Boston among other proposed places. He asked my opinion, as a physician, whether the flats around South Boston were not an objection to it as an abode for the sick. I told him, other things being equal, the fact that exposure to the sun and air of so large a surface of moist mud twice every 24 hours, was reason enough for choosing a site more inland. Medical writers, I believe, agree that the most dangerous point of the

exposure is at the junction of land and water, or where the uncovering of the mud takes place. Macculloch, some years ago, described the numerous ills flesh inherits or receives from malaria; and recently I find in the *Lancet* (Feb. 23 and March 2 and 9, 1839) Dr. J. Johnson's opinion on the subject, an extract from which would enlighten our citizens and city government. But my purpose is to propose, a second time, the inquiry what it would cost to take off all the flats, till the lowest tide left the ground covered with water, within one mile of the shores of E. Boston, Boston, and Dorchester. The beautiful bay above South Boston Old Bridge would be a charming spot, provided the mud was taken off for a foot or two in depth, and the new establishments of the city near Dorchester Heights, as well as the Blind Asylum, would be benefited by removing so much malaria and moisture. Two or three of the benevolent persons who occasionally drop their thousands into the charities of the State and city, could do a great service to the public, and perhaps to medical art, by proving, by a bold and extensive experiment, the good effects of having no surface round us but dry soil or flowing water. Any person who would cause a survey to be made would do much towards its accomplishment. M.D.

June 30, 1839.

NON-CONTAGIOUSNESS OF SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you think the following table worthy of publication, it is at your service for that purpose.

Family.	Whole No.		Attacks.	
	Adults.	Childr.	Adults.	Childr.
P. W. - - - -	2	6	1	4
J. W. - - - -	2	2		1
M. P. B. - - -	3	3		2
F. H. - - - -	4	2		1
S. B. - - - -	3	3		2
Mrs. P. - - - -	3		1	
J. D. - - - -	10	2		1
H. D. - - - -	3	2		1
Mrs. P. - - - -	2		1	
	32	20	3	12

The above table was constructed, from cases occurring since the commencement of the present year, to show that a large majority of those exposed to the contagion of scarlatina escape without an attack, when no prophylactic means are put in requisition. May not the protection supposed to be conferred by the use of belladonna be accounted for in the same way?

Will some of your correspondents who have made use of this article as a prophylactic agent in scarlatina, give us the result of their experience upon the subject.

Respectfully yours,

Danvers, New Mills, July 1st, 1839.

EBEN. HUNT.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 10, 1839.

DICTIONARY OF MEDICAL SCIENCE.

MESSRS. LEA & BLANCHARD, of Philadelphia, have published a second edition of this exceedingly useful book, by that indefatigable author, Robley Dunglison, M.D. The reputation of the work has always been high, and the encouragement has been such as to require more copies in the market to supply the demand. One of the advantages which Dr. Dunglison's possesses over other medical dictionaries is that, as expressed on the title page, it contains a concise account of the various subjects and terms, with a vocabulary of synonyms in different languages, and formulæ for various officinal and empirical preparations; so that the student, who is to be especially benefited by making the new dictionary his constant table companion, could not have anything to compare with it. Every medical reader also feels the necessity of having constantly before him a lexicon that is sufficiently copious.

The authors of dictionaries are very rarely appreciated: theirs is a labor of a peculiar kind, in which there is neither an opportunity for exhibiting literary power in the way most persons expect it, nor can they impress the public with a conviction of the obligations the community is under to them for anything they may have done for literature. Still, no one will pretend to deny that to analyze each word of a living or dead language, or trace out the nice relationship of terms in a nomenclature of any of the sciences, requires vast resources, and therefore presupposes a most finished and accurate species of scholarship.

It is wholly unnecessary, we apprehend, to enter into a long or formal statement of the fact, that Dr. Dunglison's dictionary, from the first day of its appearance, has been regarded with peculiar favor. And we have now a revised edition, constructed under the immediate eye of the author, who is most favorably circumstanced for adding to the previous edition whatever could give it additional claims on the score of accuracy. There are *eight hundred and twenty-one* pages, large octavo, in double columns, distinct type, of which no one ought to complain. Finally, although most of our readers may be owners of the first edition, we cordially and conscientiously recommend to all future purchasers to procure this in preference to any medical lexicon extant. Its true and sterling value, as a key to medical science, and its moderate price, are so many common-sense recommendations which should not be forgotten.

FIELDS FOR MEDICAL ENTERPRISE.

It is a curious, and at the same time an important fact, of which all foreign missionaries are apprised, that surgeons and physicians may safely reside in all the islands of the Malayan Archipelago, in Burmah and Siam, and the extensive maritime borders of the Chinese empire. Should a skilful and successful practitioner, after having become known by his benevolent efforts, attempt to effect a permanent residence in any of the northern or

eastern ports, the inhabitants would see it to be their interest, says Mr. Medhurst, to screen and shelter him; and the probability is, that he would be left unmolested longer than those whose objects are more directly missionary. For though the law which excludes the preacher, operates equally against the practitioner, yet the incipient departure from the letter of the enactment would be more likely to take place in the case of a dispenser of health, than the reformer of morals; simply because the Chinese, especially, feel their need in the one case, and not in the other. It is important for the friends of foreign missions to reflect upon this point, and make proper exertions to secure the active co-operation of the multitude of medical graduates in the United States, who hardly know where to place the soles of their feet. Without any reference to a connection with missionary enterprises, there are several countries to which the surplus number of young physicians might emigrate, for ten or twelve years only, and perhaps actually realize a larger property in that time, from professional efforts alone, than could be gathered in the overstocked land of medicals, in a successful practice of forty years. Turkey presents the most encouraging prospects—life and property being protected as vigilantly as in this or any other civilized country. Even the Turkish navy, alone, would give employment to hundreds. Egypt is another splendid field, where an American physician would do well, in almost any of the cities, or have immediate employment in the Pasha's army or navy. Clot Bey, the manager of the medical school at Cairo, cannot educate native youths fast enough to meet the demand.

Finally, several of the West India Islands and many parts of South America, hail the arrival of a physician as an act of special Providence. Even Hayti offers a good degree of encouragement, worth seeking. A Boston physician, who has been established there about twelve years, enjoys peculiar privileges, and from the quantity of coffee he has shipped, almost from the first day of his arrival, seems to have been well compensated for his services. Two young, ambitious, admirably qualified physicians leave this city in the course of a few weeks for the same productive island—where, under the mild sky of St. Domingo, and the equitable government of President Boyer, we doubt not they will acquire both reputation and fortune in less than a life-time. These hints are designed for those who are looking about almost in despair of finding a theatre on which to play the outs and ins of professional life.

Medical Convention of Ohio.—A report of the proceedings of a convention of practitioners of medicine and surgery of Ohio, at Cleveland, in May last, together with a catalogue of officers and the address of the late president, Dr. Hildreth, of Marietta, will receive further notice. It will be recollected that there is no regularly organized medical Society in the State, but it is pleasant to know that measures are in progress to bring about that desirable object.

Restoration of Deformed Feet.—Dr. Warner, of Richmond, Virg., is remarkably successful in his operations for the perfect restoration of club-feet. Several surgeons have of late turned their attention towards this long-neglected branch of surgery, with the happiest results. In Boston the operation has become quite common, and as far as we can ascertain, as successful, in every respect, as in any country of Europe.

Vermont Medical College.—At the recent annual commencement of this institution, at Woodstock, the degree of M.D. was conferred upon 14 graduates, and the honorary degree of M.D. upon Ptolemy Edson, of Chester, Vt.; Timothy Gridley, of Amherst, Mass.; Otis Jenks, of Mel-bourne, L. C.; and M. Morrin, of Quebec, L. C.

The number of students who attended the course of lectures was 80.

College of Physicians and Surgeons, New York.—Dr. Delafield, Pro-fessor of Midwifery, and Dr. Alban Gold-Smith, Professor of Surgery, have resigned their professorships in the College.

Dr. Robert Watts, Jr., of this city, has been appointed Professor of De-scriptive Anatomy. This appointment, we believe, will give universal satisfaction to the profession. Dr. W. has already passed the *ordeal* of Lecturer on Anatomy, in which capacity he gave evidence of uncommon talent. Dr. W. Parker, of Cincinnati, has been appointed Lecturer on Surgery, and Dr. J. R. Manley, of this city, Lecturer on Midwifery. The new practice of appointing men as lecturers, before establishing them as professors, is a vast improvement upon the old plan. But it is not equal to the mode by *concours*.—*N. Y. Jour. of Med. and Surg.*

Dr. Paine's New Work.—The Medical and Physiological Commentaries, by Dr. Paine, are now in press, and will be published some time during the ensuing season. From our personal knowledge of Dr. Paine as an acute and independent observer, from his extensive acquaintance with the literature of the profession, as well as from his high standing as a practi-tioner, we have every reason to believe that his forthcoming work, con-stituting two large octavo volumes, will be one of no ordinary interest. The subjects to be examined in it, as stated in the prospectus, relate to obscure and controverted questions in pathology, and embrace a critical review of some of the most important doctrines in physiology and medi-cine.—*Ibid.*

Dr. Stewart's Translations.—Dr. James Stewart, of this city, has now in press, a translation of Billard's well known and valuable work on the Diseases of Infants. He is also preparing a translation of M. Berton's work on the Diseases of Children. This, like the former work, is founded on extensive clinical, physiological, and anatomical observations; and is intended to extend the system adopted by M. Billard, to the whole period of childhood, from the time of dentition up to the age of puberty.—*Ibid.*

Medical Staff of the U. S. Army.—At a meeting of the board of Medi-cal Examiners in a session at Baltimore, on the 14th of June, Drs. James W. Russel, of the State of New York; Henry H. Steiner, of Pennsyl-vania; John C. Glen, South Carolina; Henry E. Cruttenden, District of Columbia; and James Simons, South Carolina, were admitted as assistant surgeons. Drs. J. B. Wright, John B. Wells, and Burton Randall, at another meeting of the board on the 17th of the same month, were raised to surgeons. Subsequently, Drs. John B. Porter and H. L. Heiskell were also made surgeons.

For the mode of making application for the commission of surgeon

either in the army or navy of the United States, the reader is referred to the 16th page of the American Medical Almanac of the present year.

Health of Havana.—Recent accounts from Cuba make reference to the public health. The island has not been visited for a long time by an epidemic, and at Havana, especially, it is represented to be as healthy as in any country town in the United States. This shows the good results of attending to what is appropriately called the health police of a city. Formerly Havana was designated the grave of sailors, and now it has become a delightful residence for those in pursuit of health. New Orleans and Charleston, which were threatened with the old scourge of yellow fever, appear to have been unnecessarily alarmed.

Dr. Howe's Questions.—Readers are particularly referred to a series of questions, in another part of this day's Journal, by Dr. Howe, a very worthy practitioner of Jaffrey, N. H., who has proposed an excellent plan for collecting the facts in relation to the use of tobacco, and its effects on the vocal organs of clergymen. Being post-master of the town, he kindly offers to receive all communications that may be sent him in his official capacity, which are intended to be arranged, finally, in a tabular form, and published. Our correspondents are reminded of the importance of deciding a point which has become a mooted question. Those who find it more convenient to forward their papers to this office, may do so.

Medical Society.—An association, auxiliary to the Massachusetts Medical Society, was organized at New Bedford on Wednesday last, at a convention of the Fellows of that Society from the counties of Bristol, Nantucket, Dukes County and a part of Plymouth. It is called the "Southern District Medical Society." The following are its officers for the current year: Wm. C. Whittredge, of New Bedford, President; P. Mackie, of Wareham, and A. Glazier, of Fall River, Vice Presidents; S. Sawyer, of Fairhaven, Secretary; Paul Spooner, of New Bedford, Treasurer; W. R. Wells, of do., Librarian. The first annual discourse is by appointment to be delivered by Dr. Whittredge in May next; and the semi-annual medical communications for discussion are to be read in November next, by W. A. Gordon, of Taunton, and S. Mayhew, of New Bedford.—*Nantucket Inquirer.*

Medical Miscellany.—Dr. Simmons, physician of the port of Charleston, S. C., announced lately the existence of three cases of genuine yellow fever, imported from Havana.—A negro, in Cincinnati, fell down dead in consequence of the shock given to his nervous system on being threatened with a flogging; it is said not to be an uncommon occurrence.—Mr. Nathan B. Jewett, a mechanic of Amesbury, still insists that he is the sole and exclusive inventor of the curious tooth instrument, heretofore referred to as the invention of Dr. Gale, of that town. The parties ought to adjust the controversy, by amicable means, at once.—Sir James Clark has at length been dismissed by the Court. He asked leave to travel a short time, and permission was granted. The truth is, his rude attack upon the honor of Lady Flora Hastings caused him to be cut in almost every circle; and for his own peace of mind it was necessary for

him to retire.—The Western Journal of the Medical and Physical Sciences has been discontinued, we understand, at least for the present. We suspect the Transylvania Journal has shared the same fate, as no number has been received here for many months. If so, there is now no medical journal published in the western or south-western States.—There were but three deaths in the city of Salem during the month of June last—one of dropsy, one of consumption, and one of old age.—Dr. G. S. Bedford, of the city of New York, has been appointed Professor of Obstetrics in the Albany Medical College.—No election of physician to the public institutions at South Boston, has yet been made.—Deaths in Philadelphia last week, 122—six less than in New York.—Dr. A. H. Stevens has resigned his situation as one of the attending surgeons of the New York Hospital, which situation he has held for more than twenty years.

MARRIED,—In Westford, Mass., Dr. Theodore Wells, to Miss Sarah E. C. Peabody.—Dr. Wm. Graves, of Lowell, to Mrs. Mary Wood.—At Mardisville, Ala., Dr. Benjamin M. Smith, of Geo., to Miss Nancy M., daughter of Dr. C. W. Chandler, of Andover, Vt.

DIED,—At Milton, Mass., Dr. Samuel P. Glover, a surgeon of the revolutionary army, 86.—At Hartford, Ct. Dr. John D. Russ, 29.

Whole number of deaths in Boston for the week ending July 6, 30. Males, 13—females, 17.

Of consumption, 2—debility, 1—scarlet fever, 4—worms, 1—old age, 2—infantile, 2—peritonitis, 1—disease of the heart, 1—dropsy, 2—casualty, 2—apoplexy, 1—paralysis, 1—dropsy in the head, 1—dropsy on the brain, 1—bilious colic, 1—inflammation of the throat, 1—cancer of breast, 1—stillborn, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. June.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Therm. 1 st	Therm. 2 ^d	Therm. 3 ^d	Barom. 1 st	Barom. 2 ^d	Barom. 3 ^d			Therm. 1 st	Therm. 2 ^d	
1 Satur.	47	51	50	29.10	29.14	29.20	N E	Rain	44	58	
2 Sun.	46	59	52	29.21	29.23	29.20	N W	Showery	44	63	Prussian Rose in blossom.
3 Mon.	48	62	56	29.20	29.25	29.26	S	Cloudy	48	65	Lyring in blossom.
4 Tues.	51	64	57	29.30	29.38	29.40	S E	Cloudy	50	69	
5 Wed.	49	51	49	29.33	29.20	29.14	N E	Rain	48	52	
6 Thur.	49	62	56	29.10	29.19	29.26	N W	Cloudy	51	63	
7 Frid.	52	74	69	29.35	29.49	29.54	S E	Clear	58	74	
8 Satur.	56	76	68	29.58	29.58	29.44	S	Clear	65	78	Snow berry in blossom.
9 Sun.	62	77	71	29.27	29.19	29.10	S	Cloudy	68	79	Frequent showers.
10 Mon.	59	74	71	29.05	29.13	29.19	N W	Clear	67	76	High wind. Corydalis in blossom.
11 Tues.	65	74	67	29.14	29.15	29.18	N W	Cloudy	64	72	Showers. Burgundy Rose in blos.
12 Wed.	48	66	59	29.27	29.34	29.36	N W	Cloudy	47	63	
13 Thur.	46	58	52	29.34	29.20	29.13	N	Cloudy	42	65	Frost.
14 Frid.	46	70	64	29.22	29.33	29.32	N W	Clear	46	71	
15 Satur.	54	75	64	29.32	29.29	29.23	S E	Clear	50	75	
16 Sun.	56	62	52	29.04	29.07	29.12	N W	Clear	53	63	Squally.
17 Mon.	49	69	68	29.10	29.27	29.30	N W	Clear	48	72	
18 Tues.	59	70	64	29.33	29.25	29.09	S W	Clear	55	76	
19 Wed.	55	63	58	29.02	29.14	29.23	N W	Clear	54	64	High wind.
20 Thur.	50	74	67	29.21	29.28	29.28	S W	Clear	47	73	
21 Frid.	58	82	70	29.23	29.20	29.21	S W	Clear	58	82	
22 Satur.	56	60	62	29.13	29.10	29.14	N E	Rain	54	64	
23 Sun.	55	72	64	29.18	29.27	29.32	N W	Clear	56	70	
24 Mon.	50	65	60	29.35	29.45	29.43	W	Rain	50	69	
25 Tues.	57	75	68	29.42	29.44	29.48	N W	Clear	56	76	
26 Wed.	52	78	72	29.48	29.51	29.50	N W	Clear	52	79	
27 Thur.	58	80	70	29.44	29.43	29.40	S	Clear	56	80	
28 Frid.	60	60	57	29.31	29.20	29.18	N E	Rain	57	62	
29 Satur.	58	76	70	29.20	29.28	29.30	N W	Clear	56	79	
30 Sun.	59	76	70	29.40	29.51	29.56	N W	Clear			

The month of June has been a cold, wet month, and vegetation has advanced slowly. The thermometer has once risen to 82°, and has been as low as 42°. There has been one frost, which did little or no damage. The range of the barometer has been from 29.02 to 29.58. Although the weather is cool, the season is prosperous, and the crops generally look well, although backward.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1839, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	- - -	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	- - -	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	- - -	ROBERT WATTS, M.D.
Surgery, by	- - -	WILLARD PARKER, M.D.

Fee for the course of lectures, \$50; fee for those who have already attended two full courses at an incorporated medical school, \$10; graduation fee, \$18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

July 3—

By order of the Faculty, ROBERT WATTS, JR., M.D., *Dean*.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

Boston, May 15, 1839.

Sam⁶m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

MEDICAL LECTURES: DARTMOUTH COLLEGE.

THE annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 8th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

JOHN DELAMATER, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.

DIXIE CROSBY, M.D., Professor of Surgery and Surgical Anatomy.

ELISHA BARTLETT, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.

F. A. EDDY, A.M., Demonstrator of Anatomy.

Fees for the course, \$50.00. Matriculation, \$3.00. Graduating expenses, \$18.00.

OLIVER P. HUBBARD, *Secretary*.

Hanover, N. H., June, 1839.

June 26—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Eliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—copy

WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, JULY 17, 1839.

No. 23.

BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF THE LUNGS AND HEART.

BY JACOB BIGELOW, M.D., PHYSICIAN AND LECTURER ON CLINICAL MEDICINE AT THE
MASSACHUSETTS GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

SINCE the discoveries of Laennec, which have constituted the most important acquisition which medical science has received during the present century, various treatises of a general or partial character have appeared, on the subject of exploration of the chest. Although the experience of more than twenty years has tended to confirm rather than invalidate almost all the laws established by that distinguished man, yet a good deal of refinement and of modification has been introduced into this branch of science by some of the more voluminous writers on the subjects which it comprehends. Many physicians and students, it is apprehended, are on this account deterred from making themselves familiar with the fundamental principles of an art, without which no accurate knowledge can be obtained of the nature or degree of thoracic diseases.

For this reason it has appeared to me that a brief and intelligible exposition of the more essential laws of this art, as it is practised at the present day, would not be unacceptable to a large part of the medical profession. Such rules at least are more easy of remembrance and of application, than the extended discussions of more diffuse writers.

In the physical exploration of the chest, a series of problems for solution is presented to our attention by the external phenomena of that part of the body. Each of these phenomena is a sign bearing a fixed and definite relation to some particular conditions of the internal organs. By a correct interpretation and comparison of these signs, we arrive at a knowledge of the state of the organs, whether in health or disease, which without them it would be impossible to obtain.

Of the Examination of Shape.—In perfect health the chest is for the most part symmetrical and equally proportioned. In disease certain changes of form are liable to take place, and to these it is necessary that the observer should direct his attention. The patient to be examined should sit erect, in a warm room, with his chest uncovered, and the arms down in similar positions. He should be placed directly opposite to a front light, since unequal or side lights produce deceptive impressions

in the comparison of prominent or depressed surfaces. The following circumstances should then be observed, and the inferences resulting from them should be tested by the other modes of exploration.

If one shoulder, including the scapula, is constantly raised, it may proceed from curvature of the spine, from pleuritic effusion, pneumothorax, or more rarely from an internal tumor. If the spaces above and below the clavicles, or those between the ribs, project on one side more than is natural, we may suspect emphysema, pleurisy, or pneumothorax, on that side. If the same spaces be preternaturally depressed, there are frequently old adhesions of the pleura underneath them, with sometimes cicatrized cavities, in the lung; or the lung, after being compressed by disease, may not have recovered its due dilatation. A prominence in the region of the heart is natural in some persons. When preternaturally great, if it be pear-shaped, with its perpendicular diameter longest, it should lead us to suspect pericarditis. If it be oval and transverse, there may be hypertrophy of the heart. But these characters are by no means constant. Various irregularities in the conformation of the chest, arise from softness or other change of the bones in rickety constitutions, and they may also take place in some persons, especially children, without any important disease.

The sides of the chest may be successively measured by carrying a string or tape from the middle of the sternum to the spinous process of the vertebra, below the nipple, or on the level of the greatest apparent projection. If one side is found decidedly larger than the other, there is reason to apprehend the effusion of fluid, or less frequently of air, into the cavity of the pleura; or the enlargement or morbid growth of some internal part.

Of Percussion.—The art of percussion is founded on the familiar fact that a hollow body resounds when struck, while a full body does not. Thus in percussing a cask, or the inner wall of a house, we can decide whether it is empty or filled up, and in most instances can determine where the vacant space begins or ends. Percussion is employed in medical practice to indicate the condition of that part of the body which is immediately within the point percussed. Any portion submitted to this test, will sound more or less hollow, in proportion as air, or a denser substance, predominates in the spot upon which percussion is made.

As it is sometimes painful to the patient to percuss directly upon the surface of the body, it is now common to employ an intermediate substance, called a pleximeter, to receive the impulse of the blow. Various pleximeters have been employed, made of ivory, wood, and India rubber. But one of the most convenient is the finger of the hand of the operator which is not in use, laid firmly and flat on the surface which is to be percussed. It may be variously turned, at the discretion of the operator, to fit the different curvatures of the chest. But in comparing corresponding parts, care should be taken that the finger used as a pleximeter should be placed at the same angle, upon each part, and that it be held upon it with equal pressure. For want of attention to this point, important mistakes are committed.

Percussion is commonly performed with the ends of all the fingers at once, holding them so that the last phalanx shall be perpendicular to the surface percussed. A single finger answers the purpose in many cases. The stroke, or tap, should be short and quick, since in this way the clearest sound is elicited. Percussion requires to be repeated with different degrees of force, in estimating the seat of morbid changes. For superficial affections, slight percussion is sufficient; but to elicit the modifications of sound which belong to deep-seated changes, more forcible percussion is needed. It is desirable, however, not to give pain to the patient in any case.

Some inconvenience is experienced from the disadvantageous position, when we percuss surfaces of different obliquity, and especially on the side next the operator. To obviate this difficulty, I have used, in the Massachusetts General Hospital, for the last three years, a *percussor* formed of an elastic ball of woollen yarn, covered with velvet, about an inch and three quarters in diameter, with a handle five inches long. This instrument has the advantage of great freedom of motion, as evinced by the circumstance that the operator may percuss with it any part of his own chest. It has also the mechanical advantage, that the centre of percussion falls within the percussing part, which is not the case when the hand is used. Its use is attended with much more despatch than that of the fingers, and the sound of one may be employed to test that of the other. The tone varies in proportion to the hardness or softness of the ball, in regard to which a medium is best. It is carried inserted in a stethoscope, the ear-piece of which, if thickened and used edgewise, makes a good pleximeter, more convenient to hold than any other.

For the satisfactory performance of percussion, the patient, if able, should sit up, either uncovered or with a single thickness of covering. It is essential, when opposite sides are to be percussed, that their position and covering should be similar, to enable us to form a just comparison. While the anterior surface is percussed, the patient should sit erect, with the shoulders back, and both arms in the same position. When the posterior surface is percussed, he should fold the arms and stoop forward. A child is most conveniently examined lying over the nurse's shoulder. To facilitate percussion under the axillæ, the arms should be raised over the head. When the patient is too sick to sit up, the operation becomes more difficult. Still we are able to percuss the anterior and lateral parts, and if the patient can turn upon his sides, the back also becomes accessible.

In health the percussion is most resonant where there is most lung, and the least integument, muscle or bone. It is therefore most sonorous in the axillæ, and in the inferior regions of the chest. It is somewhat less so below the clavicles, and still less so upon and above them. It is dull upon the spine and the scapulæ, and somewhat so upon the mammæ and pectoral muscles. Yet these latter give a sufficient sound, if properly compressed by the pleximeter.

The two sides of the chest should sound alike in healthy persons, with the exception that the part of the left side occupied by the heart gives a duller sound than the corresponding part of the right side. This

portion, called the præcordial region, extends from the middle of the sternum to the left nipple, and from the base of the chest, obliquely to the junction of the sternum with the third or fourth rib. A source of inequality is found in the lower part of the left chest, from its proximity to the stomach, in consequence of which it becomes resonant when that organ is distended with gas. But in this case the sound is peculiarly sharp and tense, having the tone which Piorry has denominated *stomachal* resonance. The right side, also, at its lower part emits a duller sound, from the proximity of the liver. With the foregoing exceptions, the healthy chest should sound alike, or nearly so, on the corresponding parts of opposite sides. And if there be a constant and evident difference in the sound elicited by percussion from the two sides, we are justified in inferring that one side or the other is a seat of disease. In estimating the results of percussion, we should not compare different individuals with each other, except in cases of great peculiarity, for perhaps no two individuals yield precisely the same sound, owing to the size of the chest, the amount of integument, &c. But the same individual may always be compared with himself.

Normal sounds are those which are naturally emitted by healthy persons under exploration. In disease the sound of percussion is liable to become *preternaturally* resonant on the one hand, or *dull* and *flat* on the other. The sound is termed preternatural, when the part percussed is more resonant than in health. If the resonance is excessive, it is called *tympanitic*. It exists in emphysema, in which disease the air vesicles are enlarged; also in pneumothorax, in which air exists in the cavity of the pleura.

The sound of percussion is termed *dull*, when the resonance of the chest is less than natural; and *flat*, when there is little or no resonance, the sound in this case resembling that which would be yielded by the fleshy part of a limb, if percussed. Dull and flat percussion are different degrees of the same thing, and take place when a portion of light vesicular lung is replaced by a denser body. This may be a foreign or different substance, such as an enlarged heart, a tumor, or an effused fluid; or it may be a portion of the lung itself consolidated by disease, as in hepatization, and tuberculous infiltration, the former occurring in pneumonia, the latter in phthisis.

If the chest emit a dull or flat sound, which shifts its relative position whenever the body is moved from one posture to another, always occupying the lowest situation, we may conclude that there is effused fluid, which by its own gravity seeks always the lowest level.

There is a peculiar sound sometimes heard in percussion, which is dull and jarring like that of a cracked earthen vessel, and called by the French *bruit de pot fêlé*. It is best heard during expiration, and with the patient's mouth open. It occurs in phthisis, and indicates a cavity in the lung, immediately within the percussed part. The diagnosis is rendered more certain if on light percussion the part gives a dull sound. In rare cases the cracked sound is met with when the lungs are healthy.

(To be continued.)

EMBRYOTIC INFLUENCES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Notwithstanding the hopes entertained that the “absurd notion” of an influence exerted by the imagination of the mother over the foetus in utero, had long been exploded, and notwithstanding a writer in your Journal, two years ago,* “could not have imagined it to prejudice the mind of any man belonging to the medical profession, there still seems to be a vague suspicion lurking in the minds of some of the more illiterate members of said profession, that there is at least some foundation in fact for the origin of the prejudice or notion referred to. This suspicion betrays itself by an occasional blossoming of an old wive’s tale amid the leaves of this and other journals, bedecked by preface and apology, as though its animating spirit was a *mens conscia recti et veritatis*, but mortally afraid of being disintegrated by the stilet thrusts of the scientific, or pelted down by the pills of the practical.

Two years ago, in the opinion of Dr. Goulding, an essay of this kind, in that enlightened age, required some notice. But since that period, whether large and repeated doses of animal magnetism have produced an insensibility to lesser stimulants in the minds of the faculty, or whether from a general and uniform acquiescence with Dr. G., that his essay afforded a satisfactory solution of all the embryotic problems that ever have been or will be offered to the public for many years to come, together with a sufficient castigation of the absurdities and weakmindedness of the illiterate members who dare to propose them, it is certain that a universal *tolerance* of similar communications has prevailed among the correspondents of the Journal to this day. Of this favorable disposition not to hear, nor to believe, but to be silent, I shall avail myself, to relate a couple of facts which lately fell under my observation, and accompany them with certain remarks which I conceive will tend to place the hypothesis in a position where it will be regarded as an object worthy of scientific investigation.

The facts are these. 1st. In the month of December, 1838, while visiting the hospital attached to the House of Industry at South Boston, by invitation of Dr. Palmer, the physician, I frequently saw a child, about a year old, with a mark on the cornea of the left eye. It consisted of a black spot with a white ring surrounding it, bearing so close a resemblance to the pupil of the eye and iris, that no one could avoid being struck with it at sight. It was nearly of the size of the natural pupil, and occupied the lower and outer quadrant of the cornea. The mother, whose name was Patten or Padding, gave the following account of it. For a year previous to the birth of the child she lived in the house with a woman whose name was Collins, who had, as she expressed it, a double sight to her eye; in other words, a mark, of which that on the eye of her own child was an exact resemblance, except that the woman’s was a trifle nearer the centre or axis of the eye. To this woman the mother stated herself to have been strongly attached, and to have passed much time in her company. It was my intention to seek

* Medical and Surgical Journal, Vol. XVI., page 347. Embryotic Influences, by Dr. Goulding.

out the original, had I remained in Boston through the present season, for I considered the case so strongly marked as would set the question of embryotic influences forever at rest, could the woman's story be proved to be true. It may happen to some reader of the Journal to meet with her in the course of a professional tour, and he will then have it in his power to confirm or overthrow this statement.

2d. About the same time, or soon afterwards, I was called to visit a woman in South Boston, one of whose children had a hand with but four fingers, adhering together in two pairs nearly their whole length. The arm was a little crooked and small, while the other was uncommonly large and powerful. This woman also stated that for a number of months before the birth of her child, she was daily visited by a child with a similar hand and arm in all respects. Of this child she took much notice, and gave him food whenever he came to her house.

I might mention other remarkable cases which have been communicated to me by persons of credibility out of the profession. Of barberies which now ripen on a person's breast in the proper season for its kindred to ripen, which are green when they are green, and red when they are red; of a fatal case of smallpox which was communicated to the *foetus* without the mother's becoming affected by it; of a woman who was frightened by her husband bringing into the room where she was, a young alligator, and who presented him, shortly afterwards, a near approximation to a living crocodile; of the settling of a minister with red hair over a parish within fifteen miles of Boston, and the presentation of thirteen candidates to the baptismal font with red hair within a single year; of all these and many more I choose to remain silent, partly because I have not seen these wonders myself, and partly because of the tales of scandal which they might provoke in this cold, uncharitable world. It is not, however, the fear of filling the mind of the delicate and sensitive female with "nightly imaginings of horror," which restrains me from speaking out more fully, for apart from the consideration that scarcely a woman can be found in the common walks of life who is not a believer in the superstition, more good than harm will grow out of the diffusion of the belief, from its being calculated to restore and preserve that peace and harmony in families, compared with the importance of which, the forebodings of an anxious mother lest her offspring may be deformed or marked, are unworthy of mention. For in the midst of doubts and fears, there are hopes. But it must be a hard-hearted and chilling philosophy that would, with a single stroke of the pen, expunge the stamp of conscious virtue from the brows of thirteen mothers of red-haired children, along with the pastor of his flock, whose only crime, perhaps, consisted in his arresting the attention and fixing too steadfastly the gaze of his hearers. Yet let Dr. Goulding ask himself whether, in his sympathy for the mothers about to be, he did not forget his charity for the mothers that are; whether in quoting the statement from Hunter with approbation, he was not (innocently no doubt) his aider and abettor, in a charge of a most libellous nature.

It may serve to throw light on the cause of these phenomena, granting them true—or if this is not conceded, it may help to render them

more probable—to contemplate with them a series of facts which, however wonderful, are generally acknowledged by naturalists.

It has been clearly ascertained that the eggs of birds, in many instances, are colored like the surrounding objects among which they are deposited.* “Several hundred of examples might be enumerated of caterpillars resembling in color the substances on which they feed. Many, though they feed on green leaves, resemble in color the gray or brown bark on which they rest when not feeding. One species is mentioned which is said to assume the color of the lichens which it feeds on, being gray when it feeds on a gray one, and yellow when it feeds on a yellow one. Of the extraordinary tropical insects popularly termed walking leaves, the wing cases not only in *color*, but in texture and even in veining, are so exactly like leaves, from the fresh green of those newly expanded, to the faded brown of those withered and fallen, that botanists themselves might be deceived if they were detached from the insects and exhibited as real leaves. On the other hand, the spectres, as they are called, resemble the smaller branches of trees with their spray, and so minutely detailed is this mimicry, that the very snags and knobs, as Kirby and Spence remark, are accurately imitated.”

Now how is this resemblance best accounted for? Is it by supposing it to be ordained by the Creator for the purpose of concealing them from their enemies, or by attributing it to an irregular or modified operation of the law of their organization? The author of the treatise on *Insect Transformations*, in the Library of Entertaining Knowledge, objects satisfactorily to the first of these opinions, that there are more instances where this resemblance is wanting than where it is found; that these insects are armed to defend themselves, like others, and hence that it would indicate a partiality, in the mind of the Creator, towards some of his creatures, not discernible in the rest of his works.

How stands the other proposition? We know that there is a disposition inherent in all objects to impress both their color and images on any medium, provided it is favorably disposed for receiving and retaining them. This fact is well established by the discoveries of Daguerre and others in photogenic drawing, and indeed is what any one might infer as often as he looks into his glass.

We have also reason to believe that if any form of matter is adapted to receive and retain such impressions, it is animal matter in that peculiarly mobile and plastic state which attends the evolution of the fœtus, or the transformations of insects.

If we allow, then, that the progeny is the reflected image of the progenitor, without confusing ourselves by endeavoring to understand the mode in which that reflection takes place, it surely cannot border in the least degree on the absurd to suppose that the influence of surrounding circumstances may occasionally be so strong as to mask the original tendency, and substitute a new reflection in its stead, whether it springs from a conception within the mind, or the direct impression of a visual object. The reflection of the countenance, of the mental and

* Library of Entertaining Knowledge: *Insect Transformations*.

bodily dispositions of the parent, in the child, no one doubts ; yet by what law of optics are they explained? Is it difficult to conceive of the reflection of the color and image of a leaf on the clear gelatinous fluid from which the wing of an insect is evolved, as it passes from the state of a chrysalis to that of the image, with sufficient force to impress upon it the hue and shape which belong to the leaf, when that same hue and shape would paint itself on the screen of Daguerre's camera obscura if placed before it? The only resisting force is one impressed upon it at the time the egg of the insect was formed, viz., the parental reflection, which cannot be supposed to be much more powerful than the inertia or the existing chemical affinities of the particles in the paper in the physical experiment. It appears to me plain that this is a full and satisfactory solution of those cases where there is a resemblance between visual objects and the parts of animals. One other is, indeed, possible, which is that the reflection may take place through the medium of the mother. In either case, one fact common to both is proved, viz., the reflection of the image of an object on a structure in its formative state, either mediately through the parent, or immediately by the physical laws of light. The former case, though not understood, is no more at variance with nature than is the reflection of the features of the father in the son ; while the latter is open to no objection whatever.

The conclusion to be drawn from these facts and observations must have been already suggested to the mind of the reader ; it is that certain physical and external conditions will occasion deviations in the law or laws of organization.

The two next questions relate to the supposed influence of the mother's imagination in producing the effect, and the presumed necessity for a nervous connection between the mother and fœtus in order to the transmission of an influence from one to the other. The mysterious union of the mind and body, and the equally mysterious connection between parent and child, should teach any one caution how he draws conclusions on the strength of his knowledge of either. A woman may have a longing for a particular fruit, and the likeness of that fruit may be impressed on her child's body, without their being anything, either physically or metaphysically, absurd in the idea. Physically, because we have reason to suppose that the physical condition of the system which attends the conception of an object is the same with, or closely analogous to, that condition which attends the perception of the same object, and it would thus stand on the same ground with the belief of the reflection of the image of any object directly before the eye. Metaphysically, because it accords with the principles of a philosophy which has numbered among its advocates a great proportion of the most distinguished men of ancient and modern times. The forms of things existed, according to Plato, as archetypes in the divine mind, preliminary to their being made visible in the world of sensible things. Cousin declares the mind of man to be one with the mind of the Deity, and makes that volition which raises an arm a part of that volition which once moved "upon the face of the waters." Is it anything more than

following out these principles to say that the form of a thing existing in a human mind, may be traced in a human production, as a new creation? True, we cannot follow the form from its conception by the mind, to its perception by the bodily eye. But then no more can we follow volition, nor lay a hand on any point of space, or note down any period of time, between the mental feeling and the bodily act. If the human mind is a spark caught from the divine mind, and if it was, as Plato says, essential to the creation of things that their forms should pre-exist in the divine mind—or, in other words, that the pre-existence of the former necessarily occasioned the existence of the latter—that the intellectual forms, ideas, or images, blending with incorporeal matter, produced palpable or sensible forms, then an intellectual form, idea or image, existing within that isolated portion of the divine, which constitutes the mind of a human being, displays itself in the body with which that mind is in relation, while in the state of transition from incorporeal to corporeal substance, but in accordance with the law by which all things were created. And he who laughs at the old women for an opinion which observation has forced upon them without reasoning, is at liberty to laugh at Plato for an opinion which the depth of his reasoning disclosed to him without observation. A mother's mark, if there is such a thing, is a new creation. All science teaches that if a new creation takes place, it will be by the same law by which old things were created. Now I do not say positively that a woman's longing marks her child, or that Plato's ideas are correct. But I do say that this correspondence between ideas of a new creation, and the old, arising from sources so different, entertained by minds so opposite in their endowments, ought to protect them from ridicule, if, indeed, it does not afford the greatest possible *a priori* probability in favor of the truth of both opinions, or, at least, that there was an element of truth from which both opinions were derived.

It is important to distinguish between those mental operations which are objects of consciousness, and those which are not. We are conscious of sensations, thoughts, feelings, and volitions, but we are not conscious of the action of our frame during a sensation, thought, feeling or volition. Nor can we experience, as a matter of consciousness, the formative motions (or whatever they may be) which give origin to any bodily structure. Hence there may be, for aught we know, a principle which is neither matter nor mind, but which, by different modes of activity, gives rise to the phenomena of both, as they present themselves to our finite consciousness. An outward impression may excite the activity of this *tertium quid*, so as to give rise to a perception within a mind, at the same time that it moulds a new image corresponding to that impression in the body to which that mind is joined. In which case, the stronger the impression, the more vivid the perception and the more perfect the image are likely to be; while, as they are both effects of a common cause, the absence of the one is not incompatible with the presence of the other. Thus a woman in pregnancy may have a strong presentiment that her child will have an extra thumb, and find it so at birth. Another may have the extra thumb without the presentiment, and a third the

presentiment without the thumb, and all be reconciled by this supposition. For it is not the presentiment which produces the mark or image, but a principle which gives rise both to the presentiment and the image, and which is resisted by whatever occupies the mind in the former case, and by the law of organization in the latter, and either resistance it may or may not be powerful enough to overcome ; so that it is no matter of astonishment that either the presentiment or image should appear without the other on this hypothesis—while without it, it is strange that there should be a coincidence between the presentiment and the extra formation.

By what train of reasoning a correspondent of the London Lancet, who has lately given a remarkable example of this coincidence, should immediately afterwards, on the occurrence of an extra thumb without the presentiment, conclude that there was nothing in the hypothesis of the influence of the mother's imagination, I am at a loss to conceive. The single rule of three direct teaches, from three numbers given, to find a fourth, which shall be in the same proportion to the third that the second is to the first. This correspondent, it seems, was in possession of the three terms, but instead of finding the fourth, he made use of the third to prove that there was no proportion at all between the first two. This, I suppose, is according to the single rule of three retrograde!

About three months since, a young man was brought into this port with the smallpox. Five members of the family of which he is an inmate had the smallpox within a month after his arrival, and these are the only cases that have happened. I should have been inclined to think that they caught it of the young man. But as there is no reason to suppose that he himself was exposed to the contagion, as it was *not known* that he came in contact with any one sick of that disease for a long time, and as no other of the crew of the vessel to which he belonged had it, it must be a satisfactory proof that smallpox is not contagious!

Another coincidence, equally striking, is opposed to the doctrine which supposes a nervous communication necessary between the mother and child for the transmission of the required influence. We have, if there is anything in animal magnetism, evidence of thoughts, sensations and volitions, communicated from individual to individual without nervous connection—things which were once thought to require the use of nerves as much as organic processes. But animal magnetism is defunct. It is condemned by almost all the journals, and fairly put down by the newspapers. It is a thousand times more dead than though it had been put down by argument. Embryotic influence is also absurd. You cannot, by appealing to one absurdity, draw any support for another. Two negatives make an affirmative, but two absurdities don't make a plausibility. All this is very true. But it is a little singular that animal magnetism and this other absurdity should aim at the same thing, viz., to deny the necessity of a nervous connection for the transmission of the most recondite mental and bodily influences. Surely nothing save a joint conspiracy between the old women and the magnetizers would have produced such a result as that one party by observation, the other by experiment, should affirm, the first that mental affections display

themselves in bodily forms without nervous connection, the second that mental thoughts, feelings and volitions manifest themselves in other bodies than those in which they originate, without nervous or any other obvious connection between them; while the philosophy of Plato and Cousin is appealed to, to supply the connecting link between the two trains of asserted facts (which it does by making mind the primeval repository of bodily forms as well as thoughts, sensations, volitions, &c.). All this argues so great a degree of cunning, and such a profound acquaintance with the transcendental metaphysics among the old ladies, as to be nearly as hard to believe as the absurdities of magnetism and embryotic influences themselves.

There is yet one more coincidence which I would call to mind, in connection with this subject—the story recorded in scripture of Jacob's rods. The bearing of this story is attempted to be met by ascribing it to divine interference. A miraculous escape, truly. But was it not a little singular that the Deity should interfere in that particular way which alone accords with the popular explanation of these facts, when the chances of his adopting some other method were as infinity to one? To me it has often appeared that the scriptures, if studied in the right spirit, might be as useful to the scientific in furnishing hints to the discovery of the laws which regulate the corporeal fabric, as to the legislator and divine in unfolding the maxims of government and the precepts of law and religion. One of these hints is contained in the passage just alluded to. Another, it is not unlikely, is contained in the lifting up of the brazen serpent, which has already been pressed into the service to help out the miraculous character of Jacob's rods. When it is considered how prominent are the nervous symptoms among the effects of poisoned wounds, especially the bites of venomous or infuriated animals, how obstinate their resistance to the antiplogistic plan of treatment, and how great the power of music in soothing some of them, as in the instance of the bite of the tarantula, compared with the fact that impressions received by either of the three most highly specialized of the senses have produced if not cured convulsions, and the popular opinion in some of the eastern countries that a fixed gaze on *bright* objects is a cure for such wounds, there seems abundant reason to doubt whether there was anything miraculous in the charm of the brazen serpent, save in the inspiration which revealed to Moses the empirical practice, a reason for which was to be given by the progress of science in a remote age. The principle on which the bible is constructed contradicts the opinions and prejudices of no one era, while at the same time it keeps pace with human improvement by anticipating and recording, in enigmatical language, the most important scientific discoveries.

A well-authenticated case of vaccination, communicated by the mother to the fœtus in utero, is related in the *Medico-Chirurgical Review* for November, 1829. The mother was vaccinated nine days before the birth of the child, and a few days after its birth the child presented pustules on its arms, "*in the same number and at the same points as those which had previously appeared on the mother.*" Here was a case of sympathy between *part* and *part*, between *number* and

number, without nervous connection, that recommends itself to the special attention of those objectors to embryotic influences who take umbrage at the mention of the part touched by the mother when alarmed, corresponding to the part marked in the child.

Instances of an analogous sympathy might be multiplied, were it not that in this enlightened age their absurdity is too evident. At the present day the philosophic eye is an eye of sense. It recognizes no law between the will of the Deity and organized structures. It sees nothing in the face of nature but instruments and ends, organs and functions, machinery and results, tissues and properties of tissues. The laws of contagion are a mystery, sympathy and fascination curious, instinct a thing to talk oneself to sleep about, mothers' marks an old wife's tale, animal magnetism and natural somnambulism ridiculous, and phrenology the greatest step ever taken by the human mind in its progress towards infinite perfection. And why? Because there are no special organs in the body, of which contagion, instinct, sympathy, fascination, magnetism, &c., are appropriate functions; while for phrenology there are thirty-six organs as plain and distinct as *muscæ volitantes* before an apoplectic's eyes. The laws of organization, and consequently of health and disease, are metaphysical abstractions—there is no vital activity in nature, because it is neither seen, heard, smelt, tasted, touched; neither in healthy anatomy, nor in pathology.

The popular doctrine "founds all arguments in regard to the physical condition of man on the solid ground of anatomy and physiology." And what have been the grand results in this method of inquiry during the present century? The appearances of the organs after certain diseases have been disclosed, but the intimate nature of not one of these diseases is better understood. Huge volumes have been written on the structure of the brain, its nervous cords have been untwisted, its ganglionic knots cut, its net-work plexuses have been unravelled; and the result is that the brain is a mere collection of lymphatics and vessels, adapted to contain a finer fluid than the blood. Neither the nature of insanity, convulsions, tetanus, hydrophobia, their cause and seat, is a jot the clearer for all this minute and microscopic anatomy. The seat of the mind is doubtless in the brain as much as it is *in pollice pedis*; but about every argument which has been adduced to support the opinion that the brain is the organ of the mind, might be construed so as to prove, with equal force, that the erect position of man is that very same organ. It is easy to perceive that while this continues the popular doctrine, no material progress can be made in the science of medicine. The scalpel and the microscope have revealed all that they were intended to reveal; they have proved that the body is no being *per se*, no self existence, but is as a tenement inhabited by a being which is neither seen nor felt, but which both sees, feels and reasons. And henceforth the physiologist who hopes to add anything to what is now known of life, must study the laws and operations of this invisible agent in the forms in which it manifests itself, instead of mistaking the form for the thing itself, and neglecting and despising phenomena which do not square with the arbitrary standard which he has set up for himself to judge of

things, which, when his vision is brightest, he sees "through a glass darkly."

B. H.

Gloucester, June 25, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 17, 1839.

NEW YORK JOURNAL OF MEDICINE AND SURGERY.

AN examination of the first number of this new and elegantly executed periodical, satisfies us that Mr. Adlard is a man of correct taste in all typographical matters, at least; and if this is a specimen of what he intends to do while he exercises a controlling influence over the publication of the Journal, it will vie with the very best-printed quarterlies extant.

With the manifest facilities of the great city of New York for sustaining a work like the one before us, it has long been a matter of surprise that so many years have been suffered to pass away without commencing the enterprise. The city abounds with professional gentlemen of acknowledged literary and scientific attainments; and hospitals, most liberally endowed, besides dispensaries and other charitable institutions expressly designed for the medical treatment of the homeless and afflicted, offer the greatest possible variety of materials for the pages of a medical Journal.

In the publisher's address, he expressly assures the reader that this "had its origin among the older members of the medical profession in New York;" and "that the plan proposed has been matured by much reflection and will be pursued with energy and zeal." To show the amount of professional strength engaged in the undertaking, a list of collaborators was originally intended, which would have been gratifying to patrons, simply because there is an innate curiosity to know to whom we are indebted for instruction or agreeable entertainment of any kind. However, Mr. Adlard says, "a list of this kind would, in fact, have embraced all the medical talent of the city." The inference, then, is, that the physicians are united in the enterprise; and if such is the fact, the Journal must inevitably sustain the high character which it promises.

Those wishing to become subscribers, of which it is to be hoped there may be many in New England, may address the office No. 168 Broadway, or the various agents. The price is \$5.00 per year, payable in advance, or \$1.50 for a single number. As it will appear quarterly, the second number is to be published the first of October.

With regard to the articles which fill 244 pages, we shall have occasion to refer to them hereafter. The summary view of the progress of medicine in America, by Dr. John Watson, is really interesting, but not sufficiently copious in details. It is astonishing that no more credit has been meted out to the elder and present Dr. Warren, in the field of surgery. A case of bony tumor, by Dr. Rodgers, is one of peculiar value. Dr. Shook's hospital reports are deserving of particular commendation—there is an orderly exactness about each case.

We close these remarks by wishing our fellow laborers all the success which their industry and devotion to a noble science entitles them to expect from the members of a liberal profession in the United States.

Researches on the Effects of Tobacco, &c.—Unexpectedly the theory first broached by Dr. Mauran, of Providence, R. I., respecting the influence of tobacco upon the vocal organs, which took place in the course of an evening conversation, has since been extensively and thoroughly investigated by gentlemen in various parts of the Union. Several dissertations have been published already, and more have been received, which demand proper attention. It is not a custom, in this Journal, to allow any one topic to occupy so much time or space, as to become a fatiguing discussion—in this instance, however, it has been considered important to have the point satisfactorily settled, and to do so, it was necessary to collect the facts from a variety of sources. The whole subject, from the very beginning, was entirely a new one. Let the question of the utility or inutility of tobacco go which way it will in the end, it should not be forgotten that we are all under obligations to Dr. Mauran for his fearlessness and ingenuity, by which much important information has already been concentrated that was unwritten before.

To Dr. Woodward, of the Insane Hospital, and others, who contend that tobacco does a positive injury to the vocal apparatus, we feel no less indebted than to those who maintain the contrary opinion. As there is safety in a multitude of counsellors, so there is a fund of knowledge to be gathered from a multitude of experienced physicians.

Rhode Island Medical Society. MR. EDITOR,—The following are some of the proceedings of the Rhode Island Medical Society at its late annual meeting, held at Newport, on the 26th ult. JOHNSON GARDNER, Sec.
Pawtucket, R. I., June 6, 1839.

George Fabyan, Augustus N. Fisher, Levi H. Holden, and Henry W. Rivers, of Providence; Benjamin H. West, North Providence; and Lewis M. Wheeler, East Greenwich, were elected Fellows. Several distinguished gentlemen were also elected Honorary Members.

A very excellent and ingenious discourse was delivered by Dr. David King, of Newport, on Inductive Philosophy, as applied to the investigation of the science of medicine.

Drs. Theophilus C. Dunn, of Newport, and Usher Parsons, of Providence, were appointed delegates to the National Convention, to be held in Washington in January next.

To David King, M.D., of Newport, was awarded a premium of \$50 for the best dissertation on erysipelas.

Dr. Wm. Richardson, of Johnston, was appointed first, and Dr. George Capron, of Providence, second orator, for the ensuing anniversary.

Medical Miscellany.—A correspondent declares that yellow fever has not raged at Havana for 13 or 14 years.—Dr. Oliver W. Holmes will deliver a poem before the Phi Beta Kappa Society, the ensuing commencement, at Dartmouth College.—Another medicinal spring has been discovered at Saratoga, which yields a more copious supply of water than any one heretofore discovered in that region.—Dr. William Rockwell, Health Officer at the Quarantine Ground, New York, last week entered a complaint against the master of the ship Christoval Colan, from Havana, for a violation of the quarantine regulations. The captain was held to bail in the sum of \$3000, and his mate was committed to prison, not being able to obtain bail. The maximum of punishment for any violation of the

Port-health Laws, is \$2000 fine and imprisonment for one year.—Through the instrumentality, principally, of Dr. Andrew Combe, of Edinburgh, *sago* bread, as a substitute for flour bread, which it is represented to equal in all respects, is now extensively made in Edinburgh and London.—Dr. C. A. Lee, of New York, is preparing a new Medical Flora of the United States.—Dr. Bushe's Treatise on Malformations, Injuries and Diseases of the Rectum, published by Mr. Adlard, begins to be better appreciated; it is unsurpassed for accuracy in the illustration of morbid appearances.—Dr. William G. Smith, late of the College of Physicians and Surgeons, New York, has twice successfully performed lithotritry; first on a man 30 years of age, and in the second case on a patient aged 60, near Morristown, N. J., with the *brise-pierre* of Heurteloup. In the second instance, he broke a stone one inch and a quarter in diameter, at once.—The French steam vessel *Meteor*, at New York, has yellow fever on board—many of the crew ill. The fever is also, it is said, on board the British sloop-of-war Buzzard, at the quarantine.—Dr. A. Vaché has been appointed resident physician to the Bellevue Hospital, New York, *vice* Dr. William Wilson removed; Dr. Tonelier, physician to the Halls of Justice, *vice* Dr. Gilman removed; and Dr. A. W. Walters, City Inspector, *vice* Dr. H. G. Dannel removed.

Whole number of deaths in Boston for the week ending July 13, 21. Males, 9—females, 12.

Of consumption, 3—old age, 3—scarlet fever, 5—child-bed, 1—disease of the womb, 1—inflammation of the bowels, 2—lung fever, 1—abscess on the lungs, 1—paralysis, 1—fits, 1—infantile, 1—stillborn, 2.

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
 EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.
 DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
 JAMES H. ARMSBY, M.D., Professor of Anatomy.
 DAVID M. McLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
 THOMAS HUN, M.D., Professor of the Institutes of Medicine.
 AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$20. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

Albany, July, 1839.

Jy 17—10

JAMES H. ARMSBY, Registrar.

FOR SALE,

AT this office, one complete set of the Boston Medical and Surgical Journal, belonging to the estate of a physician lately deceased. The volumes from I. to VII. are neatly bound in half-yearly parts, the others are in sheets. Price \$1 25 a volume, or \$2 50 a year, for the whole, bound and unbound. Also, vols. VI., VII., VIII., and XIV., XV., XVI. of the New-England Journal of Medicine and Surgery, bound.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

THE Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	JAMES MCNAUGHTON, M.D.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
Practice of Physic and Obstetrics, by	JOHN DELAMATER, M.D.
Surgery, by	FRANK H. HAMILTON, M.D.

Fees for the whole course, \$56.

JAMES HADLEY, Registrar.

Jy 17—4t

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1839, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	- - -	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	- - -	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	- - -	ROBERT WATTS, M.D.
Surgery, by	- - -	WILLARD PARKER, M.D.

Fee for the course of lectures, \$50; fee for those who have already attended two full courses at an incorporated medical school, \$10; graduation fee, \$18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

Jy 3—

By order of the Faculty, ROBERT WATTS, JR., M.D., Dean.

PRIVATE MEDICAL INSTRUCTION.

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GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

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We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice when ever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	- - -	JOHN C. WARREN, M.D.
Chemistry, by	- - -	JOHN W. WESTER, M.D.
Midwifery and Medical Jurisprudence, by	- - -	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	- - -	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	- - -	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	- - -	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Resolved, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$6.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, JULY 24, 1839.

No. 24.

BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF THE LUNGS AND HEART.

BY JACOB BIGELOW, M.D., PHYSICIAN AND LECTURER ON CLINICAL MEDICINE AT THE
MASSACHUSETTS GENERAL HOSPITAL.

[Continued from page 360.]

AUSCULTATION.—Auscultation is the art of estimating by the ear the nature of the different sounds produced by natural processes within the body, more particularly within the chest; and of explaining these sounds by reference to their causes. These sounds may be heard most perfectly by the immediate application of the ear to the surface of the body, and this method is called *immediate* auscultation. It may also be heard by interposing between the ear and the patient's body, a solid substance capable of conducting sound, and this is called *mediate* auscultation. When a person breathes or speaks, the walls of the chest are made to vibrate in a manner which corresponds to the vibration of the parts immediately within them. This vibration is variously modified by disease, so that to the cultivated ear, the vibration of the walls of the chest expresses the pathological condition of the internal organs.

For most purposes immediate auscultation is preferable to mediate, since it is practised with greater ease and despatch, and in most cases gives more satisfactory results. But Laennec, the discoverer of auscultation, introduced an instrument, called a stethoscope, which is a hollow cylinder made of some light wood, having a broad surface for the ear at one end, and a trumpet-shaped cavity at the other. The trumpet-shaped extremity collects the vibrations of sound from a considerable space, and these are conveyed through the instrument to the ear. The original stethoscope of Laennec was a large and clumsy instrument, and is now superseded by others of more portable form and dimensions. Although the discoverer of auscultation seems to have considered his instrument as indispensable, and styled his great work a treatise on "*Mediate Auscultation*," yet the best auscultators of the present day make comparatively little use of instrumental assistance.

The chief cases in which the stethoscope is wanted in practice are, 1. To examine depressed surfaces of the chest, into which the ear cannot be inserted. 2. To explore very small spots or diseased portions of very limited extent. 3. To determine the exact boundaries of a pathological affection. If this is attempted by immediate auscultation, the observer is liable to be deceived in consequence of the conducting power of the

bones of the head. 4. When circumstances unconnected with science are opposed to immediate auscultation, such as the modesty of females and the squalid condition of the lower orders.

The patient to be ausculted should be placed in an even and easy position, so that one side may not be more prominent than the other, and the muscles may be equally relaxed. The erect position is to be preferred, when the patient's strength admits it. The less covering is left on the chest the better, and especially all substances which may produce a fallacious sound, as silk and woollen, should be removed. These precautions being attended to, the ear should be applied to different parts of the chest in succession; or if the stethoscope is used, it should be placed even, so that every part of its orifice may be in contact with the surface of the body. The attention should then be directed to the natural respiration, and to the respiration when forced by more rapid efforts of the patient. Afterwards the voice is to be attended to, and finally the sound of the cough. In all these a careful comparison is to be made between the sound emitted from corresponding parts of the two sides.

In immediate auscultation the ear is most easily directed to parts which correspond on opposite sides, by placing a finger underneath it as guide, and removing and replacing this by inspection. It is also useful in immediate auscultation to vary the position of the ear, by sometimes turning off the head so as to liberate the meatus, and still receiving the sound through the bones of the cranium. This may correct our first impressions. In this way a double sound of the heart can often be heard, when only one is heard by immediate application of the ear.

Two sounds are produced in natural respiration, and may be heard in every healthy person. The first of these, called *vesicular* respiration, is a soft breezy expansive murmur, which is audible when the ear is applied to most parts of the chest, but particularly the lower parts. It is confined chiefly to the act of inspiration, and the expiratory sound is scarcely heard in health, except in the upper and posterior parts, and in these places it is weaker than the sound of inspiration. The second, called *bronchial* respiration, is a more harsh and blowing sound, and may be heard in its greatest intensity by placing a stethoscope on the trachea, from which circumstance the highest degree of bronchial, is called *tracheal* respiration. It is heard in a less degree opposite the root of the lungs, between the scapulæ and the spine. It occurs both in inspiration and expiration.

Vesicular respiration is apparently produced by the entrance of air into the pulmonary vesicles. Bronchial respiration seems to be caused in part by the passage of air through the bronchi and their branches, but is chiefly conducted, like broncophony (hereafter described), from the fauces and larynx. In health there is somewhat more bronchial sound on the upper part of the right side than of the left, owing to the right bronchi being largest. The sounds in different individuals are found to vary greatly in intensity, owing to natural differences in the structure of the integuments, and the contents of the chest. But when in the same individual there is a difference in opposite and corresponding

parts of the chest, and the difference is not to be accounted for by the mechanism of the chest, which has been already explained, we infer the existence of disease. We suspect disease when the vesicular sound of any part is comparatively diminished or increased; also when it is replaced by bronchial respiration in a part to which the latter does not naturally belong.

When the respiratory sound is particularly feeble, or absent in any of the anterior parts of the chest, we suspect the existence of emphysema, or dilatation of the pulmonary vesicles, especially if there is a degree of roughness in whatever sound is heard; and the diagnosis is confirmed if there is resonant percussion. If feeble or absent respiration occurs at the posterior or inferior parts of the chest, we suspect pleurisy, and proceed to test the correctness of our diagnosis, by examining for the other signs of that disease. If feebleness be confined to the apex of the lungs, there may be tubercles; and if it varies, by recurring at periods of short duration, it is owing to the mucous obstructions attendant on bronchitis.

When the respiratory sound of any part of the lung is preternaturally loud, but otherwise healthy in its character, it constitutes *puerile* respiration, so called by Laennec, from its resemblance to the loud respiration of children. When this sound is universal, it merely indicates activity or functional excitement. But when it is confined to any one part of the chest, we at once suspect that some other part is diseased, for when one part of the lungs is disabled by disease from performing its proper function, the remaining parts take on a *supplementary* action, attended with greater labor and more sound.

When bronchial or harsh respiration is heard in parts where it ought to be vesicular, and especially if the expiration is bronchial, we infer that there is disease in the part thus affected. This is very commonly an induration of a part of the lung, by which the vesicles are filled up or consolidated, so that the vesicular sound is destroyed, while the consolidated portion conducts the sound from the bronchi directly to the ear. This happens in pneumonia, in which a part of the lung is hepatized; an affection which may occur in any part of the chest, but chiefly in the back; or it may take place in phthisis when a part of the lungs, usually near the summit, is indurated by tuberculous infiltration. Bronchial respiration is often heard in pleurisy, apparently when the effusion of fluid is such as to compress the air vesicles without compressing or obliterating the bronchi. It is also heard when a bronchus is preternaturally dilated.

Rude or rough respiration is a mixture of bronchial and vesicular sounds. It is heard in incipient phthisis, and in the lesser degrees of pneumonia and pleurisy.

When bronchial respiration is intense, so as to resemble the sound of air blown into the ear, it has been called *tubal*. The circumstance which is best suited to produce this sound is a dense hepatization, extending from the pleura to the trunk of a large bronchus.

Cavernous respiration is a modification of the bronchial. Its sound is so modulated as to convey to the ear the impression of air being alternately

drawn into and expelled from a cavity. It is commonly of small extent, and indicates an excavation of moderate size in the lungs. It is most clearly pronounced in tuberculous cavities, the walls of which are indurated. It may also exist, though more rarely, in abscess, in cavities from gangrene of the lungs, and in very large bronchial dilatations.

Amphoric respiration is well marked, and easy of recognition. It closely resembles the sound produced by inflating a recent bladder to a great degree of tension. It also is compared to the sound produced by blowing into a glass bottle or tumbler held near the mouth. It indicates the existence of large cavities, with firm or tense walls, around which the air reverberates in breathing. It accordingly exists in large tuberculous excavations of the lung, and less perfectly in the cavities which follow gangrene. In pneumo-thorax it is often highly distinct, especially if a free fistulous opening exists between the cavities of the pleura and bronchi, permitting the entrance and egress of air.

The sounds hitherto described are a sort of modification of the natural respiratory noise. There remain to be considered certain adventitious sounds, which are not present in healthy respiration, but occur in different diseases. These are commonly designated by the French term *râles*, which is the name originally given them by Laennec. The Latin name *rhonchus*, or *rhonchi* in the plural, is used to express the same thing. The English term *rattle* is sometimes used, but is liable to obvious objections.

The *sonorous* râle is a continuous sound, of a louder character than the rest, and has been compared to the pipe of an organ, the bass string of a viol, the creaking of a wagon wheel, or the cooing of a pigeon. It is heard both in inspiration and expiration. It commonly attends bronchitis or pulmonary catarrh, and is supposed to be caused by a thickening of the mucous membrane in some of the larger bronchi.

The *sibilant* râle is continuous like the former, but is more acute in its tone, resembling a low whistling sound. It is supposed to be produced in the smaller bronchial ramifications. It occurs in catarrhal affections, in which it is fugitive and often changes its place; also in emphysema, and in typhoid fever after the first week.

The two foregoing have been called *dry* râles, to distinguish them from those which follow, and which have been styled *moist* or *humid* râles. But there seems to be no good foundation for this distinction, since the facility with which the sonorous and sibilant râles change their places, appears to indicate the presence of fluid in the bronchial passages.

The *crepitous* râle, sometimes called the fine crepitous, has been compared to the crackling of salt thrown upon the fire, or the rubbing of one's own hair between the fingers close to the ear. It accurately resembles the sound of champagne or soda water, held in the mouth in a state of effervescence, or of the electric fluid drawn from a sharp point. It is sometimes heard after cough, when otherwise inaudible. It is most distinctly heard in common cases at the end of the inspiration. It belongs exclusively to pneumonia, and is pathognomonic of the first stage of inflammation, or that of pulmonary *engorgement*. It said to be some-

times heard in healthy persons, on a single forcible inspiration, after which it disappears.

The *sub-crepitous* or *coarse crepitous* râle, resembles the former, but differs in the size of its bubbles, which are larger and more unequal, forming altogether a coarser sound. It is heard in catarrh, in which case it is usually audible on both sides at once. It exists in œdema of the lungs, and in pneumonia, when that disease is passing into resolution. If it is heard only on one side, and is confined to the top of the chest, we may suspect tubercles.

The *crackling* râle, *craquement* of the French, is a coarser sound than the last, and resembles a short valvular flapping. It is heard best immediately after cough, during the first inspiration, and affords the first sure indication of the softening of tubercles. It is usually met with at the top of the chest.

The *mucous* râle is a rattling sound, more loose and coarse than any of the preceding, and giving the impression of a fluid traversed by air in the bronchial passages. It is heard in all diseases of the lungs which are attended with a copious secretion of mucus or pus, such as catarrh, the advanced stages of pneumonia, and phthisis. A lesser degree of this sound is called *muco-crepitous*.

Gurgling râle, *gargouillement* of the French, is a bubbling sound, caused by the passage of air through a quantity of fluid contained in a cavity. It may exist in cavities produced by pneumonia, gangrene, or a dilated bronchus; also in the trachea and its large branches. But by far the most common source of this râle, is a cavity formed in the lungs in phthisis. It often alternates with cavernous and amphoric breathing, and apparently takes place whenever the level of the fluid rises above the bronchial orifice which supplies the cavity with air. It may often be produced by coughing, when it is not audible in any other way.

The sign called *metallic tinkling* resembles the snapping of a short musical wire, or it is like the sound of a glass or silver vessel when struck by a pin. It requires for its production a cavity having tense or indurated walls, and containing both air and liquid. It indicates the existence either of pneumo-thorax, or of a large tuberculous cavity. The immediate cause of metallic tinkling is the forcible or sudden disturbance of the liquid in a cavity like those mentioned. The explosion of bubbles of air from beneath the surface of the liquid, appears to be the most common cause of such a disturbance; but it may take place when a part of the liquid is thrown upward in the act of coughing, and falls back upon the remainder. A minor, or *sub-metallic* tinkling, having no musical resonance, may be produced by slight impulses given to the air in the cavity, such as the breaking of bubbles of mucus at orifices above the surface of the liquid.

The *sound of friction*, *bruit de frottement*, has been compared to the rubbing together of two pieces of leather. It conveys the idea of difficult friction, in which two opposing surfaces in close contact alternately move and catch upon each other. It is sometimes not only audible, but palpable to the hand. It exists in dry pleurisy, in which the opposite surfaces of the pleura are covered with a false membrane, or

coating of coagulable lymph, without the interposition of serum sufficient to prevent contact. It is most apt to occur after effused serum has been absorbed. It may take place in interlobular emphysema.

(To be continued.)

LETTERS FROM THE WEST.—NO. II.

HEALTH OF LEXINGTON.—COLLEGE OF PHYSICIANS.—LUNATIC ASYLUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Contrary to my expectations, I am still in Lexington. The place is such a delightful summer residence that I feel reluctant to leave it. It is generally healthy at this season of the year, and the southerner is always glad to leave his sultry home, and repair hither to inhale the invigorating air.

I forgot, in my first letter, to mention two institutions which should by no means be neglected. The first is the "College of Physicians and Surgeons," which was organized a few years since, and is composed of the profession in the medical school and the principal physicians of the city. It is an incorporated body, and has the privilege of granting diplomas. At every monthly meeting one of the members, appointed for the purpose, makes a report upon the prevailing diseases of the past month, and discussions follow the report. These reports are published in the Transylvania Journal of Medicine, and contain, without doubt, much valuable information. The plan is certainly an excellent one, and if the medical societies throughout the United States were to adopt a similar course, would it not tend vastly to the improvement of the profession? Would it not have the twofold effect of disseminating information, and elevating our character in a social point of view? We require something to connect us more firmly together. How you conduct yourselves in New England without more disturbance, is, to the physician of the West, a great matter of surprise. Quarrelling is the most prominent feature in the intercourse of physicians of every important place in the West. I shall take occasion, in some future letter, to enlarge upon the social character of western physicians, and perhaps make some suggestions for its improvement.

The next institution which I propose noticing, is the Lunatic Asylum. This is decidedly the best institution of the kind west of the mountains. The building is large, composed of a central three-story edifice, with wings extending back at right angles. It stands on an elevated piece of ground, several acres in extent, and commands a handsome view of the city and adjacent country, which everywhere, as far as the eye can reach, at this season, presents a very beautiful and inviting prospect. The green fields and meadows, shady forest trees, and flower gardens of the vicinity, seem of themselves sufficient to make the heart of the poor maniac beat with joyous emotion, and restore his mind to its wonted office. Immediately in the rear of the building is a large enclosure, where the patients are allowed to take exercise, and some

few of the inmates are permitted to walk out in front, in the extensive yard. The lower rooms of the middle building are large, for the accommodation of the steward, matron and physician. The rooms of the upper stories and those of the wings are small, though sufficiently commodious, and are heated without fire places or stoves, in such a way as to render the patients comfortable in cold weather, and at the same time to prevent the infliction of the least bodily injury. The patients are treated with all possible mildness, and it is highly gratifying to the feelings of philanthropy to witness the order and neatness which prevail throughout the establishment.

In a late visit to this asylum, Dr. Drake took the following notice of it. "The noblest institution in this city is the hospital for insane persons, established by the State of Kentucky, and admirably managed by a number of intelligent and respectable citizens of Lexington. On a visit to it I have been gratified to meet, among its managers, not a few of the same gentlemen whom I used to meet ten years before, when acting as one of its medical attendants. This continuance in office is as it should be. No charitable institution can flourish under a perpetual change of managers. Even the same kind-hearted steward and matron were there still; and the attending physician, Dr. Theobold, whose urbanity and experience are what the situation requires, has been for several years devoted to the duties of his office. The accommodations, afforded in this establishment, are extensive and well arranged; the warming and ventilation are effected by proper means; cleanliness, quiet and order are obvious in every part; and I feel it quite a duty to recommend the establishment to the friends and physicians of the insane in every western State which has not yet erected a similar edifice, and brought its internal administration to an adequate degree of perfection."

I expect to leave this place to-morrow for Cincinnati, whence I will write you, perhaps, about the first of July.

Yours, &c.

Lexington, Ky., June 20, 1839.

W. J. B.

QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

THERE never was a period in which such swarms of quacks and impostors overspread the land, as at the present time. We should deem it a thing all but incredible, that men should be so perverse as to die, when so many infallible remedies, to insure their health and to prolong their lives, are held out to them. We can scarcely take up a public print, without meeting with scores of advertisements of "infallible cures," "enviable distinctions," "genuine pills," "specific mixtures," and a thousand other similar announcements.

If we had nothing higher than pecuniary interest in view, we should never open our mouths against this horde of scavengers, in the form of quacks, that pollute everything with which they come in contact. For instead of injuring our profession—instead of taking away our practice and thereby rendering our calling less profitable—they produce precisely a contrary effect. For in nine cases out of ten, when a man puts

himself under their care—when he begins to be dosed, to be steamed, to be peppered, and to be gorged with whatever other things ignorance and unblushing pretension can invent—if he escape with his life he will be sure to require the aid of the physician to restore him to that state of health in which he was before he surrendered himself into the hands of his tormentors. No, we trust we are actuated by higher and purer motives than the mere love of gain, when we lift up our voice against this set of impostors, and warn the public of the disgraceful practices of which they are guilty in order to snatch the means of a precarious subsistence from those who are so unhappy as to fall victims to their savage rapacity.

I once used to wonder, that in our enlightened age—an age in which men require skill and knowledge in every other profession and trade—they should be willing to trust their lives and their health in the hands of those without education, honesty, or even common sense. But when I recollect that men could once believe in the reality of witchcraft, and punish with death those whom they supposed guilty of practising it—when I recollect that nearly all men have at different times been somewhat tainted with the belief in ghosts and goblins—and that in our own times, and among our most enlightened and educated men, may be found those who believe in the jugglery of “animal magnetism,” I am not surprised that men, when laboring under any real or supposed bodily disease, and influenced by the imagination, as men are at such times, should be led to trust to the arrogant pretensions of quacks and impostors. We cannot, then, depend upon the discriminating powers of the public to free itself from the horde of leeches which are now sucking its vital blood.

It is incumbent on the medical profession, in this, as in every other case, to exert itself in the cause of humanity, and do their best to diminish this great evil. And how shall we do this? Shall we enter into a contention with those contemptible plunderers of the public health, who are filling our periodical prints with advertisements of their vile compounds and poisonous mixtures? or, shall we look upon them as beneath our contempt? To enter into a contention with them is out of the question. We should, therefore, point them out to the public in the same manner as we would point out to the unwary traveller the alligator that lies in wait to destroy him.

And in order that we may keep ourselves aloof from these impostors, and point out with a good grace their wholesale and unholy impositions, we ourselves must be irreproachable. We ourselves must be the first to begin the reform; we must elevate, purify, and expurgate our own profession, and make it that high and noble calling which it should be—a calling worthy of being followed by men of the greatest talents, men on whom the tongue of slander cannot have the least impression, and whom the rancor and venom of quacks will only serve to show in a more enviable light. When we can do this—when we can make the medical profession, in every respect, what it should be—quackery will of itself die away, as the mushroom, which has grown up in the night, withers beneath the glowing radiance of the noon-day sun.

And how are we to elevate our profession? We must begin *ab initio*—must begin with those who are just entering its ranks. The standard of education must be raised among medical men, and a longer time than is now required must be expended in fitting medical students for the discharge of the all-important duties of their profession. If there is any profession that requires a cultivated mind, a judgment strengthened and matured by study, and a disposition rendered mild and benevolent by the culture of the *literas humaniores*, it is emphatically the medical profession. The profession of medicine should rank equal to, if not above, the other learned professions, instead of being the lowest on the list, as it now is; and the only way of making it such as it deserves to be, is by filling its ranks with such men as are able to support its dignity. It should be filled with men who are above all grovelling and sordid interests, and who, with undefiled hands, are able to minister at the altar of the goddess to whose service they are devoted. When this shall take place—when the medical profession shall be filled with men who are themselves free from every imputation of quackery, and who are able to look upon every approach to empiricism and frown it down with that sovereign contempt which it deserves—that host of quacks which now abound throughout the land, will fall into the obscurity which their character so richly merits.

It has too often been the case, that we ourselves have been the cause of advancing the progress of quackery. We too often have been divided on points of minor importance; we too often have entered into fierce contentions concerning things of little value; and whilst “the house has been divided against itself,” and the attention of the guardians of health been called off in another direction, the empiric has had the opportunity given him of foisting his wholesale impositions, and committing his depredations, on the public. But we hope and trust that the day has at length arrived when contentions and animosities among members of the profession are to be done away; and when quacks and quackery, and all the unholy practices of the empirics which now over-run the land, shall be numbered among the “things that were.” N. H. ALLEN.

Gray, May 28th, 1839.

HOOPING COUGH.

MR. LINACRE stated, at a recent meeting of the Medical Society of London, that he had employed vaccination as a means of relief in two cases of hooping cough. The disease had continued for fourteen days before he inserted the vaccine lymph. As the vesicle proceeded to maturity the severity of the paroxysms of pertussis became remarkably mitigated, though in their frequency they were undiminished. The children were well in a month from the performance of the vaccination.

Mr. Clifton saw nothing extraordinary in hooping cough running its entire course in six weeks. He had generally, indeed, found this to be the average duration of the disease, which was three weeks in reaching its acme of violence, and the same time in declining. When the little

patients were kept in a regulated temperature, and the general health was attended to, he had never known pertussis of more than six weeks' duration. When subjected to the above treatment, which could only, however, be carried perfectly into effect in the better classes of society, hooping cough was but a mild disease; indeed, he had not, during twenty-five years, lost a single patient in whom these regulations had been put in force. Regarding vaccination, and other supposed specifics, in this disease, he considered that they owed their reputation rather to the natural decline of the affection than to any virtue of their own. He should, however, be fearful of trusting to vaccination as a preventive of smallpox, when it was performed during a disease like hooping cough, which, he considered, would materially affect its influence. He should, therefore, in cases where vaccination was employed in the treatment of hooping cough, repeat the process after the pertussis was quite cured. Everybody knew that hooping cough in the summer was never a severe disease, and by a regulation of temperature it was quite as harmless in the winter.

Mr. Leese had treated many cases of hooping cough by vaccination. He inserted the lymph at about the fourteenth day of the disease, the latter stages of which were by this means much mitigated. He did not consider that vaccination, by running its course during the presence of hooping cough, would lose any of its prophylactic power over smallpox, provided the symptomatic fever was sufficiently severe, and the vesicle run its proper course.

Dr. Bennett admitted the great advantage of a regulated temperature as a means of treating hooping cough; but he was surprised that Mr. Clifton had never seen a case in which the disease had gone beyond the sixth week when thus treated. He had seen many cases in which, after the sixth week, the cough became of a chronic character, and change of air was the best possible remedy. An equable temperature, though so valuable an auxiliary in the treatment of pertussis, could not be carried into effect among the poorer classes of patients. What, then, in the absence of this regulation, was the best treatment to pursue? Hooping cough, when fatal, was generally so in the latter stage, from the brain becoming affected. There were two classes of cases in which this occurred; in one general bronchitis supervened upon the hooping cough; the paroxysms accordingly became more severe, and the cerebral symptoms were accounted for. In other cases there was not sufficient bronchitis to explain the head affection. He had seen several such cases in young children under twelve months of age, and the chief indication in whom was to guard against the cerebral mischief, by leeching behind the ears, the more vigorous application of counter-irritants down the spine, and occasionally a blister. Some cases, however actively treated, would nevertheless end fatally. He had often thought, though he had never been bold enough to put the plan into practice, that we should be justified, in spite of the cerebral symptoms, in the employment of antispasmodics and even of opiates to relieve the paroxysms of the disease; as the relief thus afforded would tend greatly to diminish the danger attending the head affection.

Dr. Theophilus Thompson admitted the value of an equable temperature in the treatment of hooping cough. He thought in many cases where the disease seemed protracted, that the cough was the mere result of habit, and that a little tonic or antispasmodic medicine would be as beneficial as change of air. When patients were kept in a regulated temperature pertussis was seldom fatal. It might, however, be complicated with inflammation of the bronchi or the substance of the lungs; the success of the treatment would then depend mainly upon prompt and vigorous antiphlogistic measures. The complication of emphysema with hooping cough was not, however, unfrequent; and when the emphysema existed to a great extent the case was hopeless. In cases of this kind the practitioner found the respiration much oppressed, and on putting his ear to the chest would detect a crepitating rhonchus something similar to that which was present in pneumonia, and liable, on a cursory examination, to be mistaken for it. A more careful attention to it would, however, detect the rhonchus to be of a dryer kind than that indicative of pneumonia, and percussion instead of being dull, would, in fact, be clearer than usual; the pulse would also be indicative of debility. In such cases slight stimulants and tonics were the best remedies. If the case were slight a cure would probably be effected; if, however, it were severe, then the pressure of the enlarged air-cells upon the other parts of the lungs would induce suffocation, or fatal cerebral disease. It was of great importance to watch very carefully such children as were disposed to emphysema; they were generally healthy in appearance to the general observer, but the medical man would know that appearance to be a fallacious one. These patients were generally of a phlegmatic temperament. Regarding an equable temperature in hooping cough, though valuable, it was not of itself a sufficient means of treatment; we should, in addition, employ every remedy in our power to get rid of the cough. To effect this, he thought antispasmodics had more influence than was generally supposed, and that prussic acid, when pure and good, was one of the best antispasmodics; it had also the advantage over other remedies of this class, in being admissible in the earlier stages of the disease, and during the prevalence of bronchitis or pneumonia. In the latter stages of the disease, when the secretion was free, and the inflammation subdued, anodynes, counter-irritants, and the artificial musk, were valuable remedies. He had lately employed a new remedy in this disease, after the second or third week of its existence, and though at present his experience had been limited, he had, in all cases in which he had employed it, found it had a most marked effect in checking the paroxysms. This remedy was alum, in doses of two or three grains to a child of three years of age, two or three times in the course of the day. He had never increased the dose beyond five grains to children of eight years of age. He generally combined the alum with the extract of hemlock, but this was not essential to the production of its effects.

Mr. Dendy allowed that regulation of temperature was of great importance to patients with hooping cough; but even, with the greatest attention to this important point, he had lost children from the occurrence

of cerebral disease. In eighteen out of twenty fatal cases of pertussis, he believed that the death resulted from congestion of the brain. What was the essence of whooping cough? He believed that it mainly consisted in the very peculiar glairy secretion which was present in the disease, and that by getting rid of this secretion, or by altering its character, the paroxysm was cut short, and the child relieved; this secretion was often so viscid at the upper part of the respiratory tube as to produce suffocation. To its beneficial effects upon this secretion, one of the most popular of all remedies in whooping cough, owed its fame—the carbonate of soda, with a little cochineal to color it. Alkalies were of great effect in altering the character of the secretion in question.

Mr. Headland believed that most of the mortality from whooping cough was to be attributed to doing too much rather than too little. To warm air, mild purgation, and, in the latter stages, carbonate of potash and counter-irritants, no addition, generally speaking, could be usefully made.

London Lancet.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 24, 1839.

DISEASES OF THE UTERUS.*

A MORE useful publication, we apprehend, has not been presented to the profession of this country, for years, than the one under consideration, just from the press of Mr. Ticknor, Washington street. It is a fair volume, in a plain, neat type, having four hundred pages, closely and profitably occupied with that kind of practical knowledge which will be acceptable to all orders of practitioners. It contains a series of clinical lectures delivered at the Hospital La Pitié, by M. Lisfranc, translated by our townsman, Dr. Lodge, who deserves the warmest commendation for the fidelity and accuracy with which he has executed the undertaking.

The work is divided into four parts. Under the various subdivisions may be found an orderly arrangement of the many topics which were the subject of the lectures. In the first chapter minute anatomical observations are presented on the structure of the organs in the pelvic cavity, &c. Chapter II. explains the mode of examination employed to ascertain the condition of the organs. Part II. is devoted to the consideration of the diseases of the uterus generally. Part III. embraces the author's views of menstruation, uterine hemorrhage, or menorrhagia, leucorrhœa and hysteria. Part IV. expressly treats of the subjects of sub-inflammation unattended by engorgement or any appreciable change in the structure of the uterus; engorgement, erythematous eruptions, ulcers and vegetations on the neck of it. Finally, amputations of the neck of the uterus, extirpation of the entire organ, foreign bodies attached to the uterus or developed in its vicinity, together with remarks upon the displacement of the uterus, and the value of pessaries, bring the book to a close.

* *Diseases of the Uterus*:—a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D. Boston: William D. Ticknor, 1839. 8vo., p. 401.

There is no particular place where extracts could be made, by way of illustrating the value of these lectures. A title of the chapters, it is presumed, will enable those who have felt the obvious want of some guide of this sort, to appreciate the critical researches of the celebrated surgeon of La Pitié.

Dr. Lodge deplors the difficulties with which medical advisers are obliged to contend in relation to diseases of the uterus and its appendages ; indications of treatment are based, in a good degree, upon symptoms, and not from pathology. Hence the want of success in prescribing remedies. He says, "It is impossible to say how soon the profession may enjoy greater facilities for studying this highly important class of diseases, so intimately connected with the comfort and happiness of the individual, the sanctity of the marriage vow, and the reproduction of the species." We fully agree with him, that *it is impossible to say how soon*. We cannot be mistaken, however, in predicting that the whole character of the sex, and the entire system of education, must be radically changed, and that females, however important it may be to their individual health or happiness to throw away all innate feelings of instinctive or cultivated delicacy, will compel their medical counsellors to guess at some of their maladies, as they have for twenty centuries past, before they unreservedly submit to those explorations so pathetically noted as a desideratum in the onward march of modern pathology. Particular circumstances alter cases—a false modesty is no modesty at all. Nothing but an absolute necessity could possibly justify a practitioner in urging his patients to examinations painful to the moral sense.

Such are the intrinsic merits of Dr. Lodge's translation, that it commends itself to the attention of the medical public. It is precisely such a production as our Medical Society would gratify the members in distributing on the day of its anniversary.

Worcester Medical Convention.—On the 10th of July, the committee chosen at the annual meeting of the Massachusetts Medical Society, by the Counsellors, to consider and report on certain propositions submitted to the Council, assembled at Worcester. Nothing essential has come to hand in regard to the meeting, further than that it is said a most excellent spirit was manifested by the members, and that they agreed upon a report which will come before the Council at the session in October. By some untoward circumstance, one or two of the delegates were prevented from being present.

Medical College of Philadelphia.—In the American Medical Library it is announced that a bill has passed the Legislature, within a few weeks, for the erection of another medical school in Philadelphia. The project has been agitated a considerable time, very much against the wishes, so it has been understood hereabouts, of those on whose good judgment and candor the public have generally been willing to rely. That a charter has been obtained through much tribulation, seems quite probable, from the circumstance that all such achievements are usually opposed by some one. The theory has been, that it was utterly impossible to sustain another school of medicine in a city in which there were two already. Now the sentiments advanced by the editor of the Medical Library, who must of course be considered an interested person, occupying, as he does,

a chair in the Jefferson School, show very clearly that he entertains enlarged views and generous feelings, which will redound to his honor in after days. He remarks, "We are not aware of its provisions (the bill), but we trust they are of such a character as to tend still further to increase the proper facilities afforded by Philadelphia for the attainment of medical instruction." The fact is, with only a tolerable degree of prudence in the management of these three institutions, accompanied with a commendable degree of courtesy towards the multitude of students who will ultimately wend their way there, Philadelphia must and will, at a future day, swallow up some of the smaller institutions, and educate a great proportion of the physicians and surgeons in the United States.

Phrenological Journal.—At no time since the commencement of the American Phrenological Journal, have the editors shown more activity and industry in the field to which their labors are confined, than at the present moment. No. 10, for July, exhibits the same care and good judgment which have characterized the entire series from the beginning. Even the opponents of the science must admire the patient researches of these philosophers. An article on *temperaments*, at page 361, is beautiful, and convinces the understanding that it is true. Such papers arrest the attention, and do more towards inducing foes to investigate for themselves, than whole volumes written after the fashion of Mr. Warne's dissertation on fatalism, necessity, and human responsibility.

Insane Poor of Pennsylvania.—From the American Medical Library, Vol. III., No. 7, we learn that the Legislature of Pennsylvania has passed a bill for the establishment of an institution for the reception of the insane poor, which must be gratifying to every friend of humanity. Every State in the Union, at no very remote period, it is most fervently hoped, will make provision for this unfortunate class of beings, which will reflect honor on our common country.

Dr. Trowbridge.—This distinguished surgeon, who has resided for about thirty years in the northern part of the State of New York, extensively engaged in operative surgery, has lately removed, in the zenith of usefulness, to Painsville, Ohio. This removal probably has reference to a connection with Willoughby University, in which he is professor of surgery.

Medical Miscellany.—The City Council of Boston have appropriated eight thousand dollars for the erection of a hospital for the House of Correction.—Notice having been received that the Common Council had again non-concurred with the Board of Aldermen in the choice of Resident Physician of the public institutions at South Boston, it was resolved, that in consequence of the existing difference of opinion between the two boards in relation to such elections, it is expedient to receive further applications for said office; it was therefore ordered that the City Council will receive applications for said office until the first day of August next. Monday, August 6th, was assigned for the choice on the part of the Board of Aldermen. On the first of June, the period limited for receiving the names of applicants for the office, it is understood that there were seven-

teen ; but Drs. A. B. Snow and J. B. S. Jackson, of Boston, have been the prominent candidates, the first having been several times elected by the Common Council, and the latter by the Board of Aldermen.—Dr. S. M. E. Goheen, who has been some time in Liberia, has returned to this country.—A woman, of Greenville, Penn., died a short time since, after a few hours' sickness, in consequence of drinking a tea made of meadow saffron, supposing it to be spikenard. Three of her five children, at the last accounts, were near dying from the same cause.—The Coroner of the Western Division, Middlesex, London, says there are held annually, 1500 inquests—900 of which are caused by intoxicating drinks.—The annual circular from the Medical School of Dartmouth College has been received. Drs. Crosby and Hubbard, members of the faculty, have opened a school for private instruction—the tuition being only *forty* dollars a year, and yet the facilities are uncommonly good.—A physician in England, who attends a charitable institution for a low salary, is accused of administering to one of the members, pills which were found, after a little magnesia was washed from the surface, to be common *peas*. Some of them, it is said, were planted in the earth, and are now actually growing. The patient, therefore, is likely to raise his own "*vegetable medicines*" hereafter.—Two instances have lately been noticed, in England, in which the editor of a newspaper, spurning the bribes which were held forth, has kept his columns free from the quack advertisements which almost universally degrade the newspaper press, both in Britain and America. This is a small number, truly ; but can as many be found in this country ?

TO CORRESPONDENTS.—We have received Dr. Bacon's answer to Dr. Allen, but we hope that, on reflection, the writer will agree with us that it is inexpedient to continue so personal a controversy further. Some remarks in this day's Journal, written by Dr. A. before the commencement of the present discussion, are worthy of consideration by both, as well as by all other members of the profession.

DIED.—By drowning, at Port Deposit, Maryland, Dr. A. C. H. Tate.

Whole number of deaths in Boston for the week ending July 20, 35. Males, 20—females, 15.

Of consumption, 6—scarlet fever, 11—child-bed, 1—sudden, 1—jaundice, 1—dropey, 2—infantile, 2—fits, 1—liver complaint, 1—cancer, 1—teething, 1—casualty, 1—fever, 1—dropey in the head, 1—bursting bloodvessel, 1—suicide, 1—lung fever, 1—stillborn, 4.

FOR SALE,

At this office, one complete set of the Boston Medical and Surgical Journal, belonging to the estate of a physician lately deceased. The volumes from I. to VII. are neatly bound in half-yearly Parts, the others are in sheets. Price \$125 a volume, or \$2 50 a year, for the whole, bound and unbound.

Also, vols. VI., VII., VIII., and XIV., XV., XVI. of the New-England Journal of Medicine and Surgery, bound.

The new edition of Dunglison's Medical Dictionary may be obtained as above.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1836.

2am6m

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

MEDICAL LECTURES: DARTMOUTH COLLEGE.

The annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 8th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

JOHN DELAMATER, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.

DIXIE CROSBY, M.D., Professor of Surgery and Surgical Anatomy.

ELIHA BARTLETT, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.

F. A. EDDY, A.M., Demonstrator of Anatomy.

Fees for the course, \$50.00. Matriculation, \$3.00. Graduating expenses, \$18.00.

OLIVER P. HUBBARD, Secretary.

Hanover, N. H., June, 1839.

June 26—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

The Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	JAMES MCNAUGHTON, M.D.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
Practice of Physic and Obstetrics, by	JOHN DELAMATER, M.D.
Surgery, by	FRANK H. HAMILTON, M.D.

Fees for the whole course, \$56.

JAMES HADLEY, Registrar.

Jy 17—4t

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.

EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.

DAVID M. REES, M.D., Professor of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Professor of Anatomy.

DAVID M. MCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics.

THOMAS HUN, M.D., Professor of the Institutes of Medicine.

AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$20. Price of boarding, from \$2.50 to \$3.50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, Registrar.

Albany, July, 1839.

Jy 17—40

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XX.

WEDNESDAY, JULY 31, 1839.

No. 25.

BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF THE LUNGS AND HEART.

BY JACOB BIGELOW, M.D., PHYSICIAN AND LECTURER ON CLINICAL MEDICINE AT THE
MASSACHUSETTS GENERAL HOSPITAL.

[Concluded from page 378.]

VOICE.—The voice is produced in the larynx, and the vibrations belonging to it are conducted through the trachea and its branches to all parts of the lungs. If we apply the ear to the chest of a person who is speaking, we perceive a confused, inarticulate noise. It is clearest and most resounding at the upper parts of the chest, which are near the larynx, and in which the bronchi are largest, especially at the inner edge of the scapula. It is feeblest in the lower parts, where there is a great deal of intervening, spongy, vesicular texture. The degree of resonance varies in different subjects. If other things are equal, it is greater in thin persons than in those who are fleshy, and in persons who have a strong deep voice, than it is in those whose voice is high or feeble.

Aphonia, or loss of voice, may take place from catarrhal affections, debility, paralysis, ossification of the cartilages of the larynx, or ulceration of the vocal chords in phthisis.

The first deviation of the voice from its natural state, perceived in auscultation, is in its *diminished resonance*. When this takes place in a particular part, independently of affections of the integuments, it most frequently indicates emphysema. It may also occur in pleurisy, when the effusion into the cavity of the chest is sufficient to compress the whole lung.

Increased resonance of voice takes place when the pulmonary texture is slightly increased in density. It occurs in incipient phthisis, and at the beginning and decline of pneumonia and in dilatation of bronchi. This and the foregoing variety of resonance, can be estimated only by comparing the part of the lung in which they occur, with a corresponding portion which is in a healthy state.

Bronchophony is a peculiarly loud, clear, thrilling sound, which impresses the listener as if the voice was close to his ear, or as if the patient spoke through his ribs. In different degrees it accompanies bronchial and tubal respiration, and depends upon the same causes, viz., induration of the pulmonary substance by tubercles, hepatization, bronchial dilatation, &c. Bronchophony, in some cases, is attended by a thrill which is not only audible, but palpable to the hand.

Pectoriloquy is an exalted degree of broncophony, resembling the sound which is heard by placing a stethoscope on the trachea while a person speaks. It is produced by a cavity in the lungs, of moderate size, having indurated walls, and being empty, or nearly so, of fluid. It is liable to disappear and return as the cavity becomes filled with fluid, or is emptied by coughing. The value of pectoriloquy in diagnosis has probably been exaggerated, and we seldom rely upon it without the concomitant signs of excavation.

Amphoric resonance of voice is a hollow, reverberating, semi-metallic sound, as if a person spoke in a brazen vessel. It accompanies amphoric respiration in pneumo-thorax, and in tuberculous excavations of large size.

Ægophony is a sound which has been compared to the bleating of a goat, from whence its name is taken. A good idea of it may be obtained from the nasal voice of a person who closes his nostrils in speaking. It exists at a somewhat early stage of pleuritic effusion, then disappears, and returns again after the fluid is partly absorbed. For its production it requires that a certain amount of fluid should be interposed between the lung and the ear, but not so much as to compress the lung wholly. It is usually heard near the lower angle of the scapula. *Ægophony* occasionally runs into broncophony, and an intermediate sound is sometimes produced in pleurisy, viz., broncho-ægophony. This sound is apt to exist in pneumonia, attended with a slight degree of pleurisy. According to M. Reynaud, ægophony may occur in aneurism, when the trachea and bronchia are compressed.

SUCCUSSION.—A very ancient, though rough, mode of exploring the chest, consists in shaking the patient with a view to elicit the sound of free fluid, if such exists in the cavities. This mode is applicable only to cases in which air and liquid co-exist, as in pneumo-thorax and large pulmonary excavations. In patients thus affected, if the body be agitated, the dashing of the fluid can be heard not only by auscultation, but frequently by the ear at some distance from the body. This mode should not be practised to the annoyance of weak patients, but we have repeatedly met with patients who, by their own efforts, could produce the sound of succussion at pleasure.

COUGH.—A *short dry cough* is attendant on various irritations of the fauces, elongated uvula, some febrile affections, and occasionally in persons in whom no obvious cause can be detected. It attends on the incipient stages of phthisis.

A *hoarse cough* is loud, dry, hearty and forcible, without any peculiar harshness or stridulous sound. It exists in the early stages of pulmonary catarrh, and seems, like a hoarse voice, to depend on intumescence of the vocal chords.

An *aphonic cough*, the tone of which is whispering and feeble, seems to depend on the same causes which produce aphonia in the vocal functions. It takes place in excessive catarrhal affections of the glottis, in great debility, and in ulcerations of the larynx.

A *stridulous cough*, having a barking or brazen sound, occurs in croup, laryngismus, and in some children at the commencement of catarrh or

measles. In confirmed croup, under the production of false membrane, it is apt to acquire a wheezing or whistling character.

A *loose cough*, as its name expresses, is characterized by the sound of a loose fluid in the air passages. This fluid may be mucus, purulent mucus, or pus. It occurs in the advanced stages of catarrh, in phthisis, in the third stage of pneumonia, and in old age. In catarrh it is frequently a ground of favorable prognosis. A cough may in some cases have a broken and somewhat loose sound, without evidence of much fluid.

A *spasmodic cough* consists usually of many short expirations, followed by a single prolonged and often sonorous inspiration. It occurs in whooping cough and sometimes in dentition and other affections of children. The cough of asthma has generally more or less of a spasmodic character.

The *amphoric cough* has a hollow, reverberating sound, and constitutes a striking symptom of the advanced stages of phthisis, with large cavities.

EXPECTORATION.—In a state of health the natural saliva and mucus are transparent and colorless, and they generally remain so in the incipient stages of pulmonary diseases.

When the sputa consist of mucus which is thick, whitish and opaque, during common pulmonary catarrh, they indicate a subsidence of the inflammation. They are sometimes yellowish or greenish when the disease is prolonged.

When the sputa are of a red color, viscid, heaped in small masses, and adherent to the vessel into which they are discharged, the disease is pneumonia. They may also be sometimes brown or yellowish in this disease.

When liquid blood of a fresh, florid and frothy appearance is thrown off by an expiratory effort, in any considerable quantity, the case is one of hæmoptysis. It shows in most cases the existence of tubercles in the lungs, but may take place under the influence of other causes, such as catamenial irregularities, aneurism of aorta, and external accidents. Pulmonary hemorrhage, when slight, probably proceeds from exhalation from the mucous membrane; when more serious, from the vesicular texture; and in rare cases, from the rupture or division of a bloodvessel.

When pus is expectorated the disease may be bronchitis, pneumonia, or phthisis. The characteristic sputum, often seen in advanced phthisis, has received the French name *pelotonné*, which has been rendered in English by the word *nummulated*. It appears in roundish masses, with shred-like edges, floating in a clear, transparent liquid. The taste is often sweetish, and the smell nauseous. But it is in some cases extremely difficult to distinguish the pus of phthisis from that of chronic catarrh.

When chalky or calcareous concretions are coughed up, they mostly indicate tubercles or phthisis, usually in a more chronic form. Tuberculous matter is sometimes coughed up in the same disease.

When the sputa are extremely fetid, and accompanied with a putrid odor of the breath, the disease is gangrene of the lungs.

The expectoration of young children cannot be examined, from the circumstance that the substances raised are immediately swallowed by them.

The act of expectoration fails to take place when there is a want of sufficient sensibility in the mucous membrane or the diseased part, to excite coughing. This happens in the lethargic and the moribund, giving rise to the well-known rattling sound in the throat so often heard in these cases. For the same reason expectoration is suspended during sleep, and takes place in increased quantity on waking. Some patients voluntarily avoid expectoration as long as possible, on account of pain or fatigue attending the exertion of coughing.

OF THE HEART AND ARTERIES.—The heart is situated in the left chest, occupying the præcordial region already described. The apex of the heart points forward, downward, and to the left, about the level of the fifth intercostal space. It is enclosed in the pericardium, and covered by the edges of the lungs, with the exception of a small part of a rhomboidal shape, and generally not two inches square. The portion which in most individuals is thus uncovered, gives a dull sound on percussion, and beyond this part the dulness diminishes, till it is lost in the surrounding pulmonary tissue.

The phenomena which are noticed when the ear is applied to the region of the heart in health, are the impulse and the sounds. The impulse conveys the impression that the ear is pushed or struck by the heart, and the sounds which are heard are two in number. The first sound coincides, in point of time, with the impulse, and occupies half the period of a whole pulsation. The second sound is short and abrupt, occupying a quarter or less of the pulsation, while a pause which follows, fills up the remainder of the period. The causes of these sounds of the heart have been the subject of much recent dispute and experimental inquiry. The latest results render it probable that the first sound is occasioned by the muscular contraction of the ventricles, beginning with the closing of the auriculo-ventricular valves, while the second sound is produced solely by the flapping of the semilunar valves. In exploring the region of the heart for signs of disease, we attend chiefly to the impulse, the sounds, the rhythm, or order and proportion of the sounds, the extent of dull percussion, the extent of audible respiration, and the prominence of the præcordial region.

When the impulse of the heart is strong and lifting, we infer that there is hypertrophy of the organ, or some of its parts. If perceived over a large space, it is probably attended with dilatation. This diagnosis is confirmed if there is œdema of the lower extremities, dyspnoea, bloating and lividity of the face, with violet-colored lips, and pulsation of the jugular veins.

When in acute disease the impulse is feeble, irregular, or wanting in an erect posture, we should suspect pericarditis, and look out for its other signs.

When there is palpitation, or frequent and abrupt pulsation of the heart, there may be structural or functional disease, or mere nervous irritability of the system.

When the first sound of the heart is prolonged by a blowing or

bellows sound, there may be structural or functional disease, or inanition from loss of blood, &c.

When the second sound is prolonged or rough, we suspect disease of the valves from vegetations, thickening, rigidity or contraction. When either sound resembles the noise of a file, rasp or saw, or the cry of a bird, there is probability of still greater valvular disease. In these cases it is generally found that the valves, by their increased thickness, obstruct the passage of blood through the orifices which they command, or else, by their imperfect closure, they permit a portion of the blood to regurgitate. By applying the ear in succession to different quarters of the præcordial region, an opinion may be formed as to the particular valves which are diseased. Nevertheless, our present knowledge of the import of valvular sounds is by no means complete, and the certainty of their indications is doubted by some able pathologists.

When the sound of percussion is dull or flat over a greater extent than natural of the præcordial region, there is reason to suspect hypertrophy or pericarditis, with serous effusion. A similar inference is to be made when respiration is either absent or extremely feeble over the whole extent of this region, and at the same time is distinct in other places.

When the heart is perceived in the right chest, pulsating as strongly as in the left, or more so, there is either a preternaturally solidified portion of lung, or tumor, by which the pulsation is transmitted; or else the heart is dislocated by effusion or tumor in the cavity of the left pleura. In some very rare cases there has been a natural transposition of this and other organs.

When prominence of the præcordial region exists in connection with other signs of diseased heart, there may be pericarditis or hypertrophy. If the prominence be higher than this, we suspect aneurism of the aorta.

When there is a friction sound, like the creaking of new leather, which is synchronous with the pulsations of the heart, there is pericarditis, with effusion of lymph coating the surfaces in contact.

When there is dull percussion, with tumor, about the upper and anterior parts of the chest, attended with loud pulsation, either single or double, especially if there is a purring tremor above the clavicles, we may presume there is aneurism of the thoracic aorta.

The abdominal aorta can be felt in thin persons pulsating along the spine. If the pulsations be excessive and diffused over a preternaturally large space, there is either aneurism of this part of the aorta, or some tumor transmitting its pulsations. Strong pulsations, if not thus diffused, may indicate merely functional disturbance.

When a pulsating tumor is felt in the course of any artery, accompanied with a thrill which is perceptible to the hand or ear, and the tumor subsides on compressing the artery above it, and returns when the pressure is removed, the case is aneurism.

When there is pulsation of the jugular veins, we are to apprehend an imperfect closure of the right auriculo-ventricular valves, in consequence of which, when the ventricle contracts, a part of the blood regurgitates to the auricles and veins.

In certain patients, if a stethoscope be lightly pressed upon the side of the neck, a continuous sound, without pulsation, is heard. It is sometimes buzzing and musical, at others it resembles the blowing of wind against the corner of a house. This sound is called by the French *bruit de diable*, and is now considered as having its seat in the jugular veins. It is chiefly found in chlorotic and anemic subjects, and is supposed merely to indicate thinness of the blood. Several varieties in this sound have been pointed out, which seem of not much practical consequence.

The average frequency of the pulse in healthy persons is from 70 to 75 in a minute. In tall and stout persons it is slower, and in females and irritable subjects, quicker. In infants during the first month, it averages 120, in the second year 90 to 100, and afterwards gradually diminishes. When the pulse is habitually slower than these rates, it commonly arises from idiosyncrasy. But if the slowness is of recent occurrence, and is great in degree, there may be pressure on the brain, or functional disturbance, as from narcotics. On the other hand, the pulse in health may be preternaturally frequent, from mere constitutional irritability, or from various exciting causes. But in most grave diseases a pulse which at all hours exceeds 120, indicates serious morbid affection, and a pulse of 140, if long continued and feeble, is indicative of danger.

When the stroke of a pulse is hard, strong, and simultaneous with that of the heart, it indicates a state which will bear depletion with benefit, or at least with safety. But from this rule we must except the reaction of pulse which sometimes follows excessive bloodletting or hemorrhage. On the other hand, when the pulse is feeble and easily compressed, and when it follows the stroke of the heart by a perceptible interval, it indicates an atonic state, in which depletion, for the most part, is contra-indicated. The radial pulse may become imperceptible in syncope, in great prostration, and in the moribund.

The radial pulse, says Dr. Williams, in general represents truly the number of the heart's contractions; it can never exceed them. But when the heart acts very feebly its pulsations may not reach the wrist; and when they are irregular in force, some may be propagated to it and others not, in which case the pulse will be intermittent. In some cases the heart, as well as the pulse, omits to contract. This irregularity may be functional, or it may be consequent on organic disease of the heart.

Syncope, or fainting, results from a failure of the heart in force, or frequency, or both. It may be occasioned by a great variety of causes, such as mental emotions, loss of blood, especially during an erect posture, violent mechanical injuries, sedative poisons, &c. Some persons faint readily, on slight occasions, from idiosyncrasy. The pulse at the wrist is weak, and often imperceptible during syncope. The sounds of the heart are also feeble in most cases, very short, and without a second sound, and generally irregular.

Hemorrhage takes place spontaneously in acute diseases, especially in fever, and likewise in different morbid changes of structure. It occurs most commonly from mucous membranes by exhalation, and less frequently by ulceration or rupture.

LETTERS FROM THE WEST.—NO. III.

CINCINNATI.—MEDICAL COLLEGE OF OHIO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I arrived here about ten days since, and have been so delighted with everything which I have seen that I had almost forgotten my promise to write. Cincinnati contains about one hundred regular practitioners of medicine, which, in a population of 50,000, will give one physician to every five hundred. The institutions connected with the medical profession are two medical schools, two hospitals, and two medical societies. The most ancient of these is the Medical College of Ohio. This school has undergone more revolutions than any other in the United States. An application was made for its charter to the General Assembly of Ohio in 1819, by Dr. Drake, and in a year after the school went into operation with two professors. In the fall of 1820 a class of 24 was made up, and the following gentlemen delivered lectures—Dr. Drake, Dr. Bohrer, Dr. Jesse Smith, and Mr. Slack. The next year the distinguished Dr. Godman was chosen a professor, but resigned after lecturing one season. The second regular session had not closed before an internal war commenced with the faculty, and by the spring of 1822 it waxed furious, and at one of the meetings of the faculty (which had become reduced to Drs. Drake and Smith, and Mr. Slack) the following very laughable scene occurred. It will be well to mention here, that Dr. Drake, as president of the college, was dean of the faculty. The extract here given is taken from an old pamphlet published by Dr. D. in 1822, entitled “A Narrative of the Rise and Fall of the Medical College of Ohio.”

“At 8 o'clock we met, according to a previous adjournment, and transacted some financial business. A profound silence ensued. Our dim taper shed a blue light over the lurid faces of the plotters, and everything seemed ominous of an approaching revolution. On trying occasions Dr. Smith is said to be subject to a disease not unlike St. Vitus's dance; and on this he did not wholly escape. Wan and trembling, he raised himself (with the exception of his eyes), and in lugubrious accents said, ‘Mr. President, in the resolution I am about to offer, I am influenced by no private feelings, but solely by a reference to the public good.’ He then read as follows, ‘*Voted*—That Daniel Drake, M.D., be dismissed from the Medical College of Ohio.’ The portentous stillness recurred, and was not interrupted until I reminded the gentlemen of their designs. Mr. Slack, who is blessed with stronger nerves than his master, then rose, and adjusting himself to a firmer balance, put on a proper sanctimony, and bewailingly ejaculated, ‘I second the motion.’ The crisis had now manifestly come; and learning, by inquiry, that they were ready to meet it, I put the question, which was carried, in the classical language of Dr. Smith, ‘*nemo contradicente.*’ I could not do more than tender them a vote of thanks, nor less than withdraw, and performing both, the doctor politely lit me down stairs.”

In a short time lectures were suspended, and everything appeared

symptomatic of dissolution. But the institution was revived, and to this day they have scarcely ceased making changes in their professorships, or enlisting in some bitter controversy. A most furious warfare has been carried on with the new medical school ever since its existence, and there is no telling when their quarrels will be at an end.

In 1831, Dr. Drake applied to the Trustees of Miami University for a medical department to be established in Cincinnati. The trustees, accordingly, met and organized one, and appointed a faculty upon the recommendation of Dr. D. Considerable trouble had been taken to secure the services of Dr. Eberle and Dr. Staughton, in this new school; but it never went into operation. An opposition arose, which crushed it before it had time to raise its head; and the two professors just spoken of, joined the Medical College of Ohio.

It is difficult for a stranger, at this crisis, to say whether or not this school is destined to flourish. It is the opinion of many here, that one or the other must go down, and I find there is great opposition to both institutions from the citizens. Each has its friends, each its foes. The professors in the old school do not, as a body, enjoy so extensive a reputation as those of the new school; but I believe they are gentlemen who give general satisfaction to the trustees and students. Dr. Mussey, the professor of surgery, is very well known throughout the Union; but I believe there is no other member of the faculty whose reputation extends out of the west.

I find the profession of the city very intelligent and sociable, and notwithstanding there is considerable private animosity on account of the schools, I have enjoyed myself very much in their social gatherings. In my next letter I shall give you an account of the new school.

Cincinnati, July 7, 1839.

Yours, truly, W. J. B.

MEDICAL TOPOGRAPHY AND STATISTICS.

[AT our solicitation, a few weeks since, T. P. Fitch, M.D., an accurate and scientific medical observer, residing at New Boston, N. H., kindly sent the following paper, which was originally intended for another publication; but it has been ascertained that its insertion there must be deferred on account of the voluminous accumulation of statistical matter. Without the writer's knowledge, the editor has taken the liberty of giving it a place in the Journal, presuming that it cannot be otherwise than acceptable to the reader. It is a specimen of the kind of articles on medical topography and statistics which we have repeatedly invited professional gentlemen in the country to furnish, and which we do not yet despair of receiving.]

New Boston contains about 6 square miles, consisting almost wholly of swells, which in many parts rise into elevated hills. It is situated about 10 miles west of the Merrimack, on branches of the Piscataquay (streams of sufficient size to turn saw and grist mills) which discharge into that river. The soil, though rough and hard, is fertile. Population, at last census, 1680 (since somewhat increased, probably), who are industrious,

almost exclusively engaged in agriculture, and are *now* comparatively temperate.

During the seven years of my residence in town there has been no extensively fatal epidemic. Scarlet fever has often visited us, and in 1834 there were many cases, mostly, however, in a mild form. In more than 50 cases under my observation during that year, there occurred but 2 deaths, and one of these was from pneumonitis, commencing at the time of apparent convalescence from scarlatina. Measles have been prevalent to some extent three times during the period above named, with a moderate number of fatal results from the usual sequelæ of that disease. In 1833 a few cases of severe typhus occurred in a particular neighborhood, with, however, but one death; and last fall a similar disease made its appearance in one of our small villages, to which, with two or three exceptions, it was entirely confined. In this fever, though severe, and in some cases protracted from 4 to 6 weeks, of 20 cases occurring in town, 3 only were fatal. The same disease prevailed with considerable mortality in the neighboring towns.

Of the number of deaths in this town, my own correct record extends back but 5 years; from other sources I have obtained a list for the 8 years preceding. During the 5 years ending with the close of last December, the average annual number of deaths is 20, or 1 to 84 of population. Of these, 16, or 1 to 6 1-4 of the whole number of deaths, was from consumption; but under that head are included both tubercular disease of the lungs and chronic bronchitis, several complicated cases of the latter having occurred in intemperate subjects. During the 8 years preceding this period, including 1826, when, in part from a very bad fever, the character of which cannot now be ascertained, there were 31 deaths in a single year, the whole number of deaths was 200, or an annual average of 25—1 to 67 1-4 of population. If the record of these 8 years be correct (but there is some reason to suppose that it includes several who died in other towns and were brought here to be interred), the average of deaths during the 13 years ending last December is 23 1-3 annually, or 1 to about 73 of the inhabitants. These lists include both still births and accidental deaths.

In towns in this vicinity, and perhaps the same is true of places in the interior throughout New England, whatever records of mortality have been kept, are, for the most part, very imperfect, and it would seem to me that good might result if our medical societies would take immediate measures to remedy this defect in the statistics of New England. More information on this subject, from interior towns, than I have elsewhere seen embodied, has been published in a "*Dissertation on the Boylston Prize Question for 1835*," by that accurate observer and fine writer, Dr. L. V. Bell.

Respectfully yours,

New Boston, N. H., July 10, 1839.

T. P. FITCH.

ACUPUNCTURATION FOR HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having been consulted in October last, in a case of hydrocele, where the tumor was very large, I tried acupuncture in the following manner. With a common sewing needle (No. 12) guaged in a small pliers, I rapidly punctured the anterior inferior portion of the tumor in a dozen places. Most of the punctures discharged a single drop of the fluid contents of the sac. The tumor soon began to diminish in size, and, much to my own, and the satisfaction of the patient, in a few days disappeared entirely, and has not as yet returned.

In the preceding April, I had tapped a tumor of the same kind for another patient, who called on me a few weeks since to have the operation repeated, as the disease had returned. I operated on him with the needle as above described, and the operation has been entirely successful. Whether these patients will be troubled again with a recurrence of the disease, remains to be seen.

Newark, N. J., July 19, 1839.

Yours, with esteem,

LYNDON A. SMITH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 31, 1839.

AMERICAN PHYSIOLOGICAL SOCIETY.

THE annual report of a society, of which we know but little, although its deliberations are held in our immediate neighborhood, has come from the press of Mr. Light, Cornhill. The professed object seems to be to teach the members, if no one else, what the Society considers the true mode of living. A prominent theme on the tongues of the speakers, at the anniversary meeting, was the importance of understanding the great principles of physiology—and yet the burden of a speech generally carried the orator on to the old ground of dietetics. The society is constituted of an indeterminate number, compounded of males and females, all of whom cannot be made profoundly conversant with a science of which some of the greatest men of the age have scarcely attained the elements. Now an incessant crusade against the dreadful sin of eating and drinking palatable food, such as the best and longest livers invariably enjoy with a good relish, is not *physiology*. The advocates of this system of radicalism, which would oblige the whole nation to feed upon a prescribed diet, under the vigilant eye of self-constituted conservators of the public health, do not make the proper distinction between science and speculation. Pretending to base their doctrines upon facts, they yet pay little attention to the mass of opposing ones which have been accumulating for centuries, and rely almost exclusively on recent experiments, few, comparatively, in number, and mostly furnished, too, by those already committed in favor of the new theory. To rant against those who differ from ourselves, invites ridicule, especially on a subject no way connected with sober scientific investigation. We sometimes think that both Dr. Alcott and Mr. Graham must laugh in their sleeves at their own success ;

for certainly they know how to appreciate the attainments of the learned, and therefore in contrasting these sapient doings with what others have accomplished who are strictly cultivating physiological science, they must feel, one would suppose, that all is labor for naught.

Quack Dentists.—Having, in common with the whole community, a deep interest in whatever is designed to preserve individual health, and generally better the physical condition of our fellow beings, we have always regarded dental surgery in the light of an important branch of the art chirurgical, only to be practised by those who are carefully educated to the profession. Under the influence of this feeling, we have published, with pleasure, all such articles as were the result of the experience of the best dental operators in this country. Among the catalogue of contributors in this particular department, is Dr. J. F. Flagg, of Boston, who gave us an admirable paper, a few months since, to expose the utter fallacy of a pretended discovery of the *ligamentum dentis*, by a certain peripatetic dentist, residing at 270 Arch street, in Philadelphia, who signs his name Jo. F. Caldwell.

Last week this same immortal discoverer addressed us a letter, enclosing, besides his own delectable propositions, a printed sheet of certificates, certifying to Mr. Jo. F. Caldwell's professional accomplishments and dexterity. The character and value of the series may be gathered from a single extract, in which the signers say, "we pronounce him *the Prince of Tooth-extractors and the Chief of Surgeon Dentists.*" Introductory to these tremendously elaborate credentials, having more words than sense, this "*chief of surgeon dentists*" announces, by a sort of proclamation to the sovereign people, that "he is ready to perform any operation in dental surgery, and will with pleasure administer to any, from the prattling boy to the aged adult; or from the lisping miss to the great grandmother, but he will not extract while gentlemen are present"! This precious document cannot be misunderstood by intelligent persons, because no attempt is made to conceal the fact that he considers himself, just as his friends represent him, the *prince of surgeon dentists*.

But we have reserved the most astounding part of Mr. Jo. F. Caldwell's letter till the reader has put himself in a posture to bid defiance to a sudden surprise. After roughly handling Dr. Flagg, he thus addresses our humble self—"If you will assure me your medical professors, dentists, physicians and citizens generally, of Boston, feel sufficient interest on the subject to listen to its discussion, and judge for themselves, and will provide me a large room, filled with an attentive auditory, and will advertise the public and myself of the place and day, I will give them a lecture." Admirable philanthropy! "Please insert this communication and the enclosed certificates," (*the prince of tooth-extractors, &c.*) "in your Journal, as an offset to that of Dr. Flagg." What a horrible design! Further, for we must not pass Mr. Jo. F. Caldwell by without suitable ceremony, "I expect the necessary publications" (vulgarly called puffs) "and room will be furnished without charge. I will willingly lose the time and incur the expense of a trip (to Boston), to correct public impressions. Mail me a No. of your Journal containing this and any other, advertising the time and place of lecture, and oblige yours, respectfully, Jo. F. Caldwell, of Virginia, dentist."

This is but a single case of annoyance, such as we are haunted with, and such as medical editors, we opine, more than others, are obliged to

bear. Were this correspondence extensively circulated, it is possible that the class of persons most imposed upon by quack dentists, would not so readily submit to the ignorant manipulations of strolling botchers of the human jaws.

Kappa Lambda Society.—Not many months ago a pamphlet was freely circulated, which emanated from the city of New York, and had for its object an exposition of what was represented to be the selfish and unprincipled designs of the members of a certain mysterious medical association, congregated under the cognomen of the *Kappa Lambda Society*. We read it, and were startled at the developments, and thus the impression has remained; and perhaps the feelings of distrust and indignation would have gathered something more by age, had it not been for a transcript of the records of this same horrible, intangible body, given to the world without hesitation; nay, without an air of being conscious of having done either a rude, ungentlemanly, or reprehensible act.

Divested of all machinery, and simply regarded as it now seems that it ought to be, without prejudice, out of New York, certainly, the *Kappa Lambda Society* is made up of a respectable catalogue of practitioners, who hold regular meetings like the Boston Society for Medical Improvement, at which the members relate the results of their professional observation and experience. Some of the cases thus permanently preserved, by being registered on the records, are intensely exciting. Now if the Society has been guilty of nothing more objectionable than what is discoverable in their published documents, it is quite certain that misrepresentation, if not genuine malice, had a hand in the construction of the red-covered pamphlet.

Geneva College.—There is evidence of a commendable zeal for the reputation of an institution, when the public are made familiar with all it is desirable to know, through circulars, catalogues and other publications. The medical department of this college, which has enjoyed the confidence of all from the first day of its organization, has sent abroad its annual prospectus of the next lecture term—for a copy of which the dean will please accept our thanks. Since the last term, William Usher, M.D., late of the city of New York, has been elected to the vacant professorship of chemistry, and carries with him a reputation that must be favorable to the character of the lectures, as a complete medical course. In connection with the college, there is a hospital, free of admission to the students. Further particulars may be obtained from our advertisement page. A gold medal is presented to the author of the best inaugural dissertation, at the conferring of the doctorates.

Medical Society of Tennessee.—Minutes of the last annual meeting, at Nashville, on the 26th of May last, are acknowledged. President, Dr. Felix Robertson. Dr. Robert Martin was elected secretary. The treasurer announced that the amount due the Society from its members, was \$2,800. Each one is charged for absence; \$5.00 also for absence from the annual meetings, since 1835. Those who neglect to deliver oratorical addresses, when appointed, are fined \$25; and those who fail to read essays on medical topography, \$10. It was ordered, hereafter, that the

annual contribution fee shall be \$2. A resolution was adopted, that nine members shall be sufficient to transact business. Dr. Hogg exhibited a worm extracted from the eye of a child, accompanied by a written statement. Dr. Dorris read a case of prolonged utero-gestation. Dr. Buchanan reported a case illustrative of the cause of spontaneous amputations of foetal limbs in utero. Dr. Peyton Robertson read a case of tetanus. Dr. R. N. Dashiell reported a case of chronic enlargement of the spleen; and Dr. Henderson reported a case of soft cancer, and also one of ventral conception.

On the third day of the session, Dr. Thompson, of Rutherford, reported a case of mania, cured by bleeding. Dr. Treadway was appointed orator; Dr. Ramsay, of Knoxville, on the medical topography of East; Dr. McPhail, of Franklin, on the Middle; and Dr. Lea, on West Tennessee. The society finally adjourned till the first Monday in May next.

Wallace on the Eye.—A beautiful little work by our talented friend, Dr. William C. Wallace, of New York, entitled, "A Treatise on the Eye, containing discoveries of the causes of near and far sightedness, and of the affections of the retina, with remarks on the use of medicines as substitutes for spectacles," from the press of Samuel Colman, is hereby acknowledged. In the course of another week, we shall have leisure for inspecting its contents, and examining its 55 xylographic illustrations.

Legal Responsibility of Females during Pregnancy and Parturition.—In the January number of the British and Foreign Medical Review, there is an able and impartial examination of a work which expressly treats upon this interesting subject, written by Professor Jöry, of Leipzig. The profession, to some extent, seem desirous of possessing the book; not on account of the false reasoning or absurd conclusions of the author, so praiseworthy exhibited by the reviewer; but for the sake of what it contains of intrinsic value—no where else to be found. If it has not yet been translated, a point not ascertained with us, the question arises, would it not be worth the while for some one having a familiar acquaintance with the language which now seals it up from a multitude of American physicians, to put it into English? It is presumed that a publisher might be found either in Boston or New York, who would be glad to engage in the enterprise.

Experiments with the Wourali Poison.—Some experiments were lately made in Nottingham, England, to show the influence of artificial respiration in preventing the fatal effects of certain poisons. The wourali poison was chosen, and to show the certainty of its action to destroy life, the first experiment was tried on a dog—a spear-head, covered with the poison, being inserted in an incision in the animal's side. In 52 minutes the dog ceased to breathe. The second experiment was performed on an ass, the arrow head being inserted in the lower part of the neck. In half an hour the breathing became difficult and irregular, the pulse had risen to 104, and soon after the animal fell as if dead, perfectly motionless, and the pulse could not be felt. An opening was immediately made into the windpipe, and a tube, with a pair of bellows attached to it, introduced, and put into action. As the lungs were inflated, they were emptied by pres-

sure on the body. This process was continued regularly and steadily for *seven and a half hours*, at which time the animal commenced breathing by its own efforts. During this time the animal lay motionless and apparently lifeless; the extremities were to a certain extent cold, and the heart beat very feebly. From the time of animation he gradually but slowly recovered. The third experiment was on an ass younger and in better condition than the previous one. The poison was inserted in a similar manner, but only a fourth part of the quantity used. The animal fell, senseless and motionless, in 34 minutes. Artificial respiration was carried on for two hours, when natural respiration commenced. In six hours the ass got up and stood by itself. This experiment showed how much sooner the animal may be restored after a smaller dose of the poison, and that its effect is much more transitory—*notwithstanding the doctrine lately broached by one of our correspondents, that the smaller the quantity of poison, the greater the injury.* The fourth experiment was on a spaniel, in whom pulsation ceased in nine minutes.

Cases of Bronchitis.—Dr. A. D. Bacon, of Gloucester, Mass., informs us that three cases of this affection in clergymen have lately come to his knowledge. "One," he says, "in which the disease was most severe, was a veteran in the use of tobacco; another has been in the habit of taking water while speaking, at least since the accession of the disease; the other, if I am rightly informed, takes neither." The Pen Yan (N. Y.) Democrat states that the Rev. Thomas J. Champion, late pastor of the Methodist Episcopal Church in that village, who was an habitual and excessive chewer of tobacco, has been severely afflicted with the throat disease.

Ohio Medical Convention.—Committees were appointed to report at the next meeting of this convention, on the topography and diseases of Scioto, Cuyahoga and Beaver vallies, and of the vallies of the Sandusky and Maumee; on the use and abuse of stimulating drinks, of which alcohol is a component part, and how far it is a necessary article of the *materia medica*; on the use and abuse of the various forms of mercurials in the malarious and other diseases of the western country; on the importance of auscultation and percussion in diseases of the chest; on the truth and utility of animal magnetism.

The following resolution was adopted by the convention, as reported by the committee on the subject of alcohol, &c., "That alcohol, which is the intoxicating quality of distilled and fermented beverages, induces and aggravates most of the diseases to which the human frame is liable; acting as a poison on the system: destroying the mental and physical powers of the same, and carrying ruin, disgrace and death into families and the community. That the entire disuse of all such beverages must greatly increase the general health, prolong the lives, and promote the happiness of society."

The convention was attended by a large number of medical gentlemen from different parts of the State, and business transacted which may result to the benefit of the public and the science of medicine.

The pamphlet containing Dr. Hildreth's address, has accidentally been mislaid; it will oblige us if some person having duplicates will have the goodness to send one to the address of the Journal.

Censors' Meeting.—Candidates for license will keep in recollection that the Censors of the Massachusetts Medical Society, for the first Medical District and for the Society at large, will hold their meeting at the Boston Athenæum, this day, at half past three o'clock, P. M.

MARRIED.—In Andover, Mass., Dr. Francis Clarke to Miss Sarah F. Marland.

DIED.—At Watertown, Mass., by suicide, Nathaniel Bemis, M.D., 54.—In Richmond (Texas), Dr. Benjamin Austin, 46.—Near St. Marks, Florida, Dr. Clark, a surgeon in the U. S. Army.—At Hartford, Ct. Wm. H. Morgan, M.D., 42.

Whole number of deaths in Boston for the week ending July 27, 34. Males, 15—females, 19.

Of consumption, 4—sudden, 1—scarlet fever, 3—inflammation on the brain, 2—hooping cough, 1—dropsy on the brain, 2—dropsy, 1—intemperance, 1—abscess on the liver, 1—child-bed, 1—old age, 1—cholera infantum, 4—dysentery, 1—infantile, 3—bilious fever, 1—drowned, 1—lung fever, 1—abscess on the brain, 1—stillborn, 3.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by	JOHN B. BECK, M.D.
Chemistry and Botany, by	JOHN TORREY, M.D.
Special and General Anatomy, by	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by	WILLARD PARKER, M.D.
Obstetrics, by	JAMES R. MANLEY, M.D.

Fee for the whole course, \$108.

New York, July 24, 1839.

J. AUGUSTINE SMITH, M.D., *President.*

NICOLL H. DERING, M.D., *Registrar.*

Jy 31—cop015

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D. Rochester.
Surgery, by	D. L. RODGERS, M.D., Geneva.
Chemistry, by	WILLIAM USHER, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.	

THOMAS SPENCER, M.D., *Registrar.*

Geneva, July 16, 1839.

C. B. COVENTRY, M.D., *Dean.*

Jy 31—t0

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

The Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	JAMES MCNAUGHTON, M.D.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by	T. ROMEY BECK, M.D.
Practice of Physic and Obstetrics, by	JOHN DELAMATER, M.D.
Surgery, by	FRANK H. HAMILTON, M.D.

Fees for the whole course, \$56.

Jy 17—4t

JAMES HADLEY, *Registrar.*

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARR, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

Boston, July 10, 1839.

WALTER CHANNING, *Dean of the Faculty of Medicine.*

Jy 17—tN

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1830, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	ROBERT WATTS, M.D.
Surgery, by	WILLARD PARKER, M.D.

Fee for the course of lectures, \$50; fee for those who have already attended two full courses at an incorporated medical school, \$10; graduation fee, \$18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

July 3—

By order of the Faculty, ROBERT WATTS, JR., M.D., *Dean*.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

THIS new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin O. Brodie, Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweetman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchesse d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sauson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professor Francis U. Johnson, Frec. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kinsam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

□ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price \$10.

Feb. 23—6m

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lycep

SETH W. FOWLE,

33 Prince St. corner of Salem St. Boston.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct. 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XX.

WEDNESDAY, AUGUST 7, 1839.

No. 26.

ON APPLYING LIGATURES TO ARTERIES. WITH A HISTORY OF
TWO CASES.

TRANSLATED FOR THE MEDICAL AND SURGICAL JOURNAL, FROM A LATIN MANUSCRIPT
OF PROFESSOR PORTAL, OF PALERMO, SICILY.

THE object of applying ligatures to arteries is their obliteration ; and in whatever manner this may be done, the greatest care must be, that obliteration shall be effected. Hence we must most sedulously study inflammation, as this produces in living organs effects either harmful or salutary. For by inflammation we know that parts coalesce and adhesions are effected, that ulcerations and suppurations arise, and that serous surfaces, when in contact, cohere together. We know, also, that inflammation is harmful if it exceeds certain limits ; and if it is restrained within them, and does not vary from a normal state, is beneficial. But when we are treating of tying the arteries, we must venture and inquire farther ; namely, what results take place upon the arteries from, or how they are affected by, inflammations of a strumous, or a venereal, or a scorbutic character, and by all other affections depending upon diatheses ; and how these influence the adhesion of the arterial parietes, and the obliteration desired. We must inquire how far the economy will bear the subtraction of blood, to the end that the blood may not be too ardent, and yet may remain adequate to effect an inflammatory effusion, as of plastic lymph, which may concrete and form a cement. Also in what way and how far any vice produced in the arteries by diatheses may be corrected, so that the operation may be borne without unduly exciting and inflaming the organs, and thus may terminate favorably. In a word, a pathological condition is to be established, and a true indication, which may rest firm upon therapeutics guided by reason and experience, so that not only a successful operation, but also the end of the operation, namely, the restoration of the patient, as well as an increment for science, may be obtained.

Let not the operator here pass by any mixture of diseases by which accident may be involved ; and when they may be corrected or removed, let him not proceed to the operation contrary to the indication. It is certainly matter for grief, if not for shame, that after an operation of ligature perfectly well performed, the result should be still doubtful, and that the undertaking, well commenced, should terminate fatally, when, perhaps, if the indications had been attended to, it might easily have succeeded.

Having these things in view, I have undertaken to write the history of two cases of arteries tied, which bear upon what has been said above, and ought, therefore, not to be passed by.

Two men have presented themselves to me the past year, both contaminated with the venereal poison; one suffering from popliteal aneurism, the other from hemorrhage from the femoral artery a little above its superior third. The former entirely recovered, though the aneurismal tumor in the ham had the enormous circumference of forty-two inches. But the other, whose external iliac I tied, sank miserably under subsequent hemorrhages, which could not by any means be prevented or checked. The former, however, was treated as if in a sound state, the venereal taint being almost extinguished; whereas the latter presented a habit of body altogether inauspicious, for the femoral was corroded by phagedenic ulcers, and the advancing gangrene and ulceration involving the parts concerned in the operation, caused the fatal hemorrhage. In the autopsy, however, sufficient was observed to show how much nature strives for our preservation; inasmuch as the artery was found in great part obliterated, and certainly in a state to resist the impulsion of the blood. It is therefore especially to be considered, before we come to the operation of tying, how the disease and obstacles which contra-indicate it may be removed, or at least may be so far repressed that a favorable result may be rendered probable. In men laboring under lues venerea this is particularly to be attended to; for experience has sufficiently proved to me that men of this class are especially afflicted with aneurisms, and that most usually every aneurism has its beginning in lues.

As to the method of tying, it always seemed to me dangerous to tighten the ligature strongly, since from this there arises for the most part ulceration of the artery and consequent hemorrhage. This, I think, arises from interrupting the circulation, by which the part now constricted was nourished. In order to avoid danger from this source, I always employ the double ligature for permanency, so that without strong constriction the parts may come in mutual contact, and the circulation proceeding freely, ulceration may be prevented. Nor have I deceived myself herein by reasoning; daily experience with brute animals, and with men laboring under aneurisms or arterial lesions, sufficiently declares it. Simple constriction, and this not close, lest solution of continuity should result, is in my judgment the only correct method of applying the ligature.

CASE I. C. B., from the island of Lipara, aged 20, of lymphatic temperament and moderate firmness of body, and having frequently suffered from venereal troubles, entered the hospital July 27th, 1838, on account of a tumor in the right ham, with which he had been afflicted for a month. He had before overcome venereal ulcers, buboes, hemorrhage, and pains in the joints, by mere rest and the milder therapeutic aids; and he hoped in the same way to be soon relieved from this tumor in the ham. By the advice of some physician he had applied to the tumor a liniment composed of oil of almonds, camphor and opium, but without benefit, the tumor enlarging from day to day.

In the hospital an ointment prescribed on account of the venereal troubles which had preceded, was applied, by which for two days the pains seemed to be mitigated. But the day following the pains in the ham became more intense, and the tumor still increasing and pulsating, emollient cataplasms and refrigerant drinks were administered, but in vain. Neither was any advantage derived from the extract of belladonna, nor from the water of cherry laurel, and finally the patient was transferred from the medical to the surgical department.

The surgeon who first met with him attempted to compress the tumor with bandages wet with a decoction of oak bark; by which ill-timed application the pains were aggravated, and a violent fever began to be excited. Moreover, inflammation extended itself over the greatest part of the limb, and from many discolored and livid spots there appeared to be danger that the aneurismatic tumor, which was now more than forty inches in circumference, would prove fatal by rupture. It was then that I, by invitation, visited the patient, and immediately removing all compression, that the vital motions and the respective circulations might go on freely, it appeared that ligature of the femoral artery was in the present state of things the only remedy. This, therefore, being approved of by several professors of the hospital, we immediately set about preparing the patient for the operation.

An incision of three inches was made in the triangular space near the margin of the sartorius, which was sufficient for penetrating to the aponeurosis. This I laid open, and the envelop presented itself, in which the femoral lies with its respective vein and nerve. This also was laid open, and with an eyed probe a small fillet composed of three linen threads waxed, was conveyed from within outwards. I first tied a knot, by which the popliteal ceased to pulsate at the tumor; then proceeding to the second knot, and bringing out the threads at the upper border of the wound, I dressed it with lint, which was medicated with Galen's cerate. I then bound up the wound itself, with a containing bandage of eighteen heads. The operation being thus finished, and the man laid in bed, I prescribed the utmost quiet, rigid diet, cold fomentations and cold drinks.

Scarcely an hour having elapsed after the operation, the patient suffered violent pains in the wound and the corresponding groin; he afterwards fell into a sound sleep. As he tossed about while asleep, the position of the hips becoming much altered, the artery above the ligature began to pulsate forcibly, the general circulation being also accelerated, and the face being flushed. Venesection was therefore prescribed, and loss of blood to eight ounces, followed by cold fomentations of vinegar. The venesection was followed by mitigation of the symptoms. At evening, when the extremities grew cold, they were restored to their normal temperature by warmed woollen cloths.

The day following the heat of the limb was normal, the tongue moist, but the bowels costive. Castor oil was prescribed, but excited vomiting, and drinks acidulated with cream of tartar and sweetened, were substituted. By this means copious evacuations of fæces and urine were produced. At evening the pulsation of the vessels being more rapid and hard, and

a general feverish heat prevailing, we again produced a mitigation of symptoms by venesection and drinks saturated with cream of tartar. He passed a tranquil night, and slept five hours.

The third, fourth and fifth days, the temperature of the patient was elevated, and the pains about the ligature were severe. We directed tartarized drinks, which procured the expulsion of fæces, which were exceedingly offensive.

Sixth day. The lint, which was filled with sanies, was removed, and the wound again dressed with lint smeared with ointment. Adhesion had now taken place at the inferior part of the wound. On the seventh or eighth day a third venesection was made, and an infusion of the leaves of digitalis was administered, which was of the greatest benefit.

Ninth day. The dressing being tinged with blood gave us some alarm; but this ceased when the blood was seen to proceed from the margin of the wound itself, and not from the artery tied. On the tenth day a kind of cicatrix was formed upon the wound, but the pulse was harder, the face flushed, and the heat great. A fourth venesection procured quiet to the patient.

The eleventh and twelfth days, the same course of symptoms. On the thirteenth day he was placed upon a new bed, and lint was applied anew. The tumor opened itself, and discharged black and excessively offensive clots; it was smeared with ointment of storax, and covered with an antiseptic poultice. On the fourteenth day, pus still more fetid flowed from the opened tumor, but the swelling of the parts involved in the operation was found subsiding; storax ointment and an antiseptic cataplasm again applied. Internally, potions with cream of tartar, and chicken broth.

Fifteenth day. The ligature was cast off, and from the tumor flowed a sanious fluid to the amount of nearly four pounds, having the color of wine lees, and exhaling a cadaverous odor. The wound was dressed as usual, and upon the part operated on was applied a bandage after the manner of Scultetus. This was sprinkled with diluted vinegar, and chicken broth directed to be given.

Between the sixteenth and eighteenth days the wound from the ligature, now almost healed, was touched in the centre with nitrate of silver. Tumor diminished. Internally ass's milk and Iceland moss were prescribed.

Nineteenth and twentieth days. The tumor discharged a more tolerable pus. A livid spot appearing upon the little toe of the right foot, was covered with an antiseptic poultice; and between the twenty-first and twenty-second a slough fell off.

Twenty-third and twenty-fourth. Three ulcers made their appearance; one upon the superior and outer part of the right foot, another upon the external malleolus, and the other at the lower third of the leg. They were dressed with storax ointment, pulv. china and camphor, and an antiseptic cataplasm.

Twenty-fifth day. The enlarged ulcers are verging to gangrene. Spontaneous dislocation of the little toe took place. The use of antiseptics, ass's milk, and Iceland moss, continued without intermission.

On the twenty-sixth day, another similar ulcer appeared at the ankle, near the internal margin of the foot.

Twenty-seventh and eighth. The wound of the operation now healed, and a cicatrix formed. The wound of the tumor appears sprinkled over with fleshy globules. The ulcers upon the leg and foot more extended and deeper; neither topical nor general remedies check their course. Excruciating pains were excited in those parts, and such swelling took place, that gangrene becoming imminent, amputation of the leg was by common consent proposed for the following day.

Thirtieth to thirty-fourth. Amputation is deferred; the state of the patient, in the mean time, being a little improved.

Thirty-fifth day. By an ill-timed movement, an application of the aqua phagedenica is made to the ulcers, which are once more aggravated. From this time all mercurial treatment was avoided, and we were contented with the mere application of Galen's cerate.

Thirty-eighth day. Application of the actual cautery was made to the ulcers, and those points being destroyed which were verging to gangrene, their color was changed to a purplish red. The following day vegetation shot forth, and at some points cuticle was formed.

On the twenty-seventh of October, and the fortieth day from the operation, the patient was cured in all respects, excepting an ulcer at the ankle, which was kept up by caries of the os calcis. This, also, we treated with the cautery, and it being rapidly healed, he soon left the hospital wholly well.

CASE II. A. B., a Panormian, aged 30, in the employment of a servant, of firm constitution, but of dissolute habits, had repeatedly been a subject of venereal buboes, and at length becoming violently affected with them, entered the great hospital of Panormo for relief. The mercurial frictions and diaphoretic ptisans there administered, at first mitigated the articular pains which he almost habitually suffered on account of inveterate and neglected venereal infections. There was also an improvement in a bubo from which he was suffering in the left groin. But another bubo, which had appeared in the right groin, quickly taking on inflammation, and passing to the period of suppuration, compelled the physicians to transfer the patient to the surgical department. Being received there, the tumor was immediately covered with an emollient cataplasm until it became entirely fluctuating. Fluctuation being evident, a large incision was made, through which flowed an abundance of sanies. The wound was then dressed with lint smeared with digestive ointment. A few days having elapsed, and the ulcer becoming worse, it was moistened with the aqua phagedenica, but to no purpose, it growing rapidly worse. In this state of things, china, as a most approved antiseptic, was applied both in decoction and in powder, with the addition, moreover, of opium and camphor. But no benefit accruing from these, the house surgeon, thinking that the inguinal glands were an obstacle to cicatrization, undertook to remove them; afterwards dressing the part with lint and storax ointment.

The next day, the patient going to the water closet, and making use of some straining, perceived blood flowing from the groin. He endea-

vored, as well as he could by compression with his hands, to stop the hemorrhage; and the surgeon hastening to his assistance, and learning the state of things, without delay applied effectually compression with dry lint, which was confined by an inguinal bandage.

The great danger of this hemorrhage being perceived, in a medical council held upon so grave a case, we proposed to apply a ligature to the external iliac. While the discussion was still going on as to the necessity of this operation, the hemorrhage again appeared in a more violent and alarming form, and could not be checked until the pulse of the bloodless and almost lifeless patient had nearly vanished, and respiration was almost extinct. All doubt being then removed, that certain death would follow a third attack of hemorrhage, I proceeded, as director of the surgical establishment, to tie the iliac; which operation had been performed with us but once before.

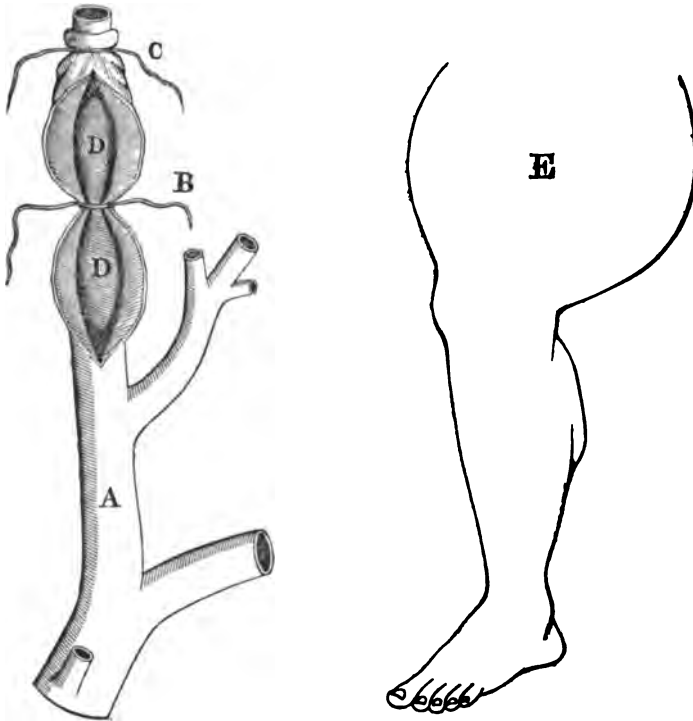
An incision of three inches being made at the lower convexity of the anterior iliac spine, above the symphysis pubis, and having made the incision through the skin and adipose layer, I then with a director ran through the various subjacent layers, the superficial fascia and the intermuscular fascia of the oblique muscles, laying bare the spermatic cord, and securing it to the superior margin of the wound; and the fascia of the transversalis now presenting, I with my fingers and a director separated the meatus, through which appears the entrance to the inguinal canal. Coming now to the epigastric and proceeding by it to its origin, I reached the internal margin of the psoas, and at length the artery itself. This I separated, and with an eyed probe passing a ligature from within outward, I tied with a first and second knot. Finally, the extremities of the ligature being fixed at the upper border of the wound, I dressed the wound itself with a tuft of lint smeared with Galen's cerate, with graduated compresses, and a bandage of eighteen heads.

The patient passed the day of the operation and the following night in a state of stupor and great debility, the pulse being smaller and the temperature lower than natural. Liquid nourishment was administered, and heat was restored to the extremities by means of heated wool.

The following day the dressing was found to be soaked with sanies. The wound was foul, and of an unfavorable aspect. The third day the dressing was tinged with blood, which proceeded from the bubonic wound. The circulation was restored in the crural artery, through the epigastric and circumflex iliac. That this circulation might be resisted, as the fungous and gangrenous condition of the wound were opposed to it, it was necessary to apply a ligature *en masse*; which being done, the patient appeared more tranquil and quiet. But it was a false tranquillity, and the insidious quiet of gangrene. Indeed, soon after, the whole region of the nates, as far as the groin and hypogastrium, was covered with livid and gangrenous patches, the pulse became smaller and intermittent, the countenance was struck with the livor of death, a cold sweat broke out, and death took place on the night of the twenty-ninth of December.

Examination of the body being made in presence of the professors of the hospital, who also had witnessed the operation, the ligature itself

was found an inch above the origin of the two collaterals of the external iliac. The artery in the situation of the ligature had formed adhesions, so far as not to allow the passage even of a bristle. The viscera enclosed in the cavity of the abdomen partly exhibited signs of deep inflammation, and partly of manifest gangrene. The artery, from the seat of the ligature to the heart, was found in a normal state; the thoracic organs and the encephalon were wholly intact.



Explanation of the Engraving.

- FIG. 1st. A. Primitive iliac artery.
 B. External iliac, and situation of the ligature.
 C. Second ligature, *en masse*, of the epigastric and circumflex arteries.
 D D. The coagulum by which the artery was rendered impermeable and adherent.
- FIG. 2d. E. Aneurismatic tumor in the ham, having a circumference of forty-two inches.

MEDICAL BOTANY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It affords me much pleasure to perceive that you have noticed, in your valuable Journal, "Lee's Medical Flora of North America," which is shortly to appear. Suffer me to give you a more

detailed account of it, for such a work is in fact a desideratum in the United States.

The works of Bigelow and Barton, with colored engravings, are most valuable, splendid and useful, and it is much to be regretted that the continuance of their publication could not be sustained. They are beautiful memorials of the state of the fine arts in our country. These works, on account of their expense, are beyond the reach of the majority of the readers for whom they were intended, and for general works on medical botany, the number of plants described in them is by far too limited. These publications are, in fact, but the commencement of a plan, which, as the country grows older, I hope may be perfected. Rafinesque has published a small Medical Flora of the United States, in two duodecimo volumes, with plates colored green. This work, also, is confined within too narrow limits; but it is valuable as far as it extends, and helps to supply the vacancy in the history of our vegetable materia medica. The field has not yet been sufficiently explored. The science of medical botany is yet in its infancy in America. Lindley's Flora Medica, although a valuable work, has done but little to aid physicians in their investigations on this subject.

To supply the above defects, Dr. Charles A. Lee, of the city of New York, late professor of Materia Medica and Medical Jurisprudence in the new university of that city, a gentleman every way qualified by his industry and extensive researches in medical science, has issued proposals for publishing, by subscription, "A New Medical Flora of North America, containing a description of all the known medical plants growing north of Mexico, with a full account of their medical properties and economical uses. Arranged according to the natural system. Each plant will be represented by an accurate wood engraving. The work will be published in two octavo volumes, of 600 pages each; each volume to consist of two parts of 300 pages each, one dollar and seventy-five cents a part, payable on delivery. The work will be put to press as soon as a sufficient number of subscribers are engaged to warrant the undertaking. One part will appear every six months till completed."

It is the intention of Dr. Lee, in this work, to be very full on the economical, as well as medical, properties of the plants which he will describe. He intends that the work shall be as complete as possible, and that it shall contain all that has as yet been known on the subject of which it treats. He will endeavor to procure the aid of a good analytical chemist, who will give a correct analysis of every plant. The cuts are to be executed by one of the best wood engravers in the city of New York, and will be nearly as useful, but far less expensive than those of Bigelow and Barton. He will have access to the collection of plants in the Lyceum of Natural History in New York, and to Dr. Torrey's, which are probably the largest and best in the country; and also to their libraries, which are acknowledged to be the best in the Union upon the subject. He will also have the assistance of Drs. Torrey, Gray and Beck, of New York, when wanted; also of Bigelow, of Boston; Tully, Ives and Hooker, of New Haven; several in Philadelphia, and in other places. Under such auspices, the work cannot

fail of being extensively useful; and as the price is so small, it will come within the compass and means of every physician in our country, and it is much to be hoped that it will be procured by all of them.

Dr. Lee is very favorably known as the author of several valuable communications in the *American Medical Journal*; and of *Human Physiology for the use of Elementary Schools*, a work with numerous plates, which has passed through two editions within a year. This work justly deserves and receives the approbation of the most correct judges, and I trust, like your *Class-book of Anatomy*, Mr. Editor, it will soon be adopted in all our elementary schools. When the science of the formation of our bodies, the science of life, or physiology, and the science of natural history, shall be studied in our schools, we shall expect to see more correct and useful systems of education promulgated than are now taught.

Permit me, while on the subject of medical Botany, to state that I have, not long since, examined two quarto volumes in manuscript, with one hundred elegant paintings, of the splendid plants and flowers of Cuba, in the West Indies, by Mrs. Woolstonecraft, sister of Miss Kingsbury, author of several school books, &c., and I have been highly pleased with the examination. Each plant occupies a large quarto page of letter paper, elegantly colored in imitation of nature, with an appropriate description. It is a subject of deep regret that the country is not wealthy enough to encourage the publication of such a work, which would add greatly to the renown of the United States as a patron of science, literature and the fine arts.

The natural history of tropical climates is more interesting than that of colder regions, although the subject will well repay the naturalist even here. It is the most fascinating of all sciences, and I should be glad to devote more attention to it, would my leisure allow of it. As yet we know but little of the natural history of the West Indies. What I have seen of it in books, convinces me that the investigation of the subject would be highly interesting and useful. Even the natural history of our own country becomes more interesting the farther south we travel. In proof of this we need only to refer to the immortal works of Audubon and of Wilson, in their splendid *American Ornithologies*; of our celebrated countryman William Bartram, in his travels in Florida; Georgia, &c.; of the celebrated naturalist Kalm, and many others.

Unfortunately for the science and literature of the country, we are too much engaged in the pursuit of wealth through the medium of trade and commerce, to devote a great share of attention to the fine arts. The work of Wilson was suffered to languish for the want of patronage, but it finally succeeded, and passed through three or four editions, and has covered the author with imperishable laurels. Audubon's work, which is on a more magnificent and splendid scale, would certainly have failed had it not been for the patronage of kings, nobles, and aristocratic institutions in Europe. It received but few subscriptions in America, and it is not to be wondered at, as the subscription price of it was eight hundred dollars a copy.

It is problematical whether Mrs. Woolstonecraft's work would

succeed in England. She has not said much upon the uses of the plants she has described. Medical botanies upon the same plan, with colored plates, have been the only ones which have received the patronage of the public in Europe, or in the United States, with the exception of the splendid work of Michaux on the Forest Trees of the United States. Others may have been published, but I do not recollect to have seen many except the Botanical Magazine, Sowerby & Curtis, and Woodville. The Flora Danica is one of the most splendid works on continental Europe. But of all the works which have ever appeared in Great Britain, and, I am told, in the world, on the subject of botany, "the Philosophy of Botany, or Temple of Flora, or Garden of Nature," is the most superb and splendid. It was to have been published in 100 numbers, with 550 plates, at 2s. 6d. sterling a number. Whether it was ever completed, I do not know. It was not only a splendid monument of the fine arts in Great Britain, but it added lasting renown to her science and literature.

One of the most elegant works I ever saw upon natural history, was owned by Mr. Newton, President of the Pittsfield Bank, who formerly resided several years in the East Indies. It was in folio, and embraced the subjects of ornithology, entomology, botany, &c. I was struck with the gaudy appearance of the plumage of the Indian birds, and with the beautiful butterflies of that country. The foliage and flowers of East Indian plants far surpass those of plants in this region. Red and yellow are the predominant colors of the flowers. This work was all done by hand, without the aid of plates, by East Indian artists. It cost several hundred dollars, and was too dear for publication.

In my courses of lectures the ensuing fall, at Hanover, and at the Willoughby University in Ohio, upon medical botany and materia medica, I shall be able to show the classes more than three hundred paintings of medical plants, accurately drawn, principally from nature, besides dried specimens carefully preserved.

Deerfield, Mass., July 23, 1839. STEPHEN W. WILLIAMS, M.D.

PENNSYLVANIA HOSPITAL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In accordance with a desire expressed in your Journal a few weeks back, for information in regard to our different medical institutions, I herewith forward to you some items relative to the Pennsylvania Hospital, extracted from their different official reports.

Philadelphia, July 22, 1839.

Respectfully, G.

Attending Physicians.—Benjamin H. Coates, M.D.; George B. Wood, M.D.; Thomas Stewardson, M.D.

Attending Surgeons.—Thomas Harris, M.D.; Jacob Randolph, M.D.; George W. Norris, M.D.

Physicians to the Lying-in Department.—Charles Lukens, M.D.; Hugh L. Hodge, M.D.

Resident Physicians.—J. Forsyth Meigs, M.D.; Alfred Stille, M.D.

The physicians and surgeons of this hospital render their aid gratuitously. Students of medicine who attend the practice of the hospital pay a fee of ten dollars each for the privilege, which fees are devoted to the foundation and endowment of a medical library, which now consists of about seven thousand volumes, comprising a large proportion of the most valuable ancient and modern works on the science of medicine, with many rare treatises on botany and other branches of natural history. Students have the privilege of using this collection while attending the hospital practice.

The average number of patients maintained in the hospital during the past year, has been 210, of whom 101 were pay, and 109 poor patients.

Of the poor patients admitted in this year, 266 were persons who had sustained accidental injury, received without security, and treated at the expense of the institution. Of this description were also 22 of the cases remaining in the hospital at the close of the preceding year.

The patients treated in the hospital during the last ten years have been as follows.

	Poor.	Pay.	Total.
Official year ending in 1830	782	561	1343
1831	724	622	1346
1832	700	673	1373
1833	699	592	1291
1834	702	512	1214
1835	760	464	1224
1836	748	495	1243
1837	695	483	1178
1838	759	487	1246
1839	740	428	1168

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 7, 1839.

A TREATISE ON THE EYE.*

DR. WILLIAM C. WALLACE, of New York, the author of this compact, yet comprehensive little work, has been revising and correcting the first edition with commendable care, and the second now embodies the latest discoveries in the anatomy of the visual organs. He traces the mechanism through a series of animals, in a manner very plain even to those unacquainted with the language of anatomists. The eyes of the halibut, turtle, rhinoceros, lobster, &c., are not only very successfully drawn, but they also explain that system of graduated mechanism by which the

* A Treatise on the Eye, containing discoveries of the causes of near and far-sightedness, and of the affections of the retina, with remarks on the use of medicines as substitutes for spectacles. By William Clay Wallace, Oculist. Second edition. New York: Samuel Colman, Astor House. 1839.

various orders of animals are fitted to their destined localities, at once interesting to the general student and to the christian philosopher, and are amongst the most beautiful examples of design in the organization of the animal frame. Perhaps the physiologist will derive as much profit from the chapter on the fibres of the retina, and the doctor's observations on the apparatus by which the eye is adjusted to distances, as from any others in the work. The function assigned to the ciliary processes, however, must not be overlooked in our admiration of other topics.

For the last two or three years we have occasionally heard of the advances which Dr. Wallace had made in unfolding the obscure anatomy of the eye; but hardly credited it all, knowing that in the ardor of scientific investigation men of the greatest powers of discrimination are frequently deceived by their own imaginations, even when the most indefatigable in the pursuit of truth. For ourselves, we have no longer a remaining doubt upon the subject; that he has made new and important discoveries, and therefore essentially accelerated the progress of science, cannot be questioned by those who carefully compare his dissections with the other latest publications on the same subject.

It is one of the gross mistakes of approaching age, that people at such times imagine a necessity for spectacles, when, in fact, in eighty cases out of a hundred, the eye-sight is positively injured by them. If we tamper with our eyes, and interpose glasses between the cornea and the object, a re-modification and re-adjustment of the parts within necessarily follow—and when this new arrangement has once been established, it is no easy matter to restore the organs to their former primitive condition. Age brings with it a relaxation of the tension of all the tissues, and the eye suffers temporarily with the entire system, but soon reacts, having within its own constitution a principle of adaptation, according to the circumstances, habits and condition of the individual. From forty-five to fifty, a period when glasses are erroneously supposed indispensable, were they not resorted to at all, although there be a defective vision at the former focal distance, in reading, for example, the sight would soon begin to improve, and finally, to all intents and purposes, in a majority of instances, would be re-established. It is a law, and strange it is that its indications are not more observed, that the eye, at every period of life, will accommodate itself to the wants and necessities of the individual—provided it is not artificially deranged. Imperfect vision, the evils of near-sightedness, and the misfortune of not seeing distinctly in old age, were never heard of as being universal till opticians had become numerous. We do not deny the utility of spectacles after they have once been resorted to; but we perfectly agree with Dr. Wallace in saying that they are rarely necessary. Near-sighted children are often kept in that state through life by being early furnished with concave spectacles. Withhold them altogether, and the eye would, in exact obedience to the laws of its organization, adapt itself to the labor required. But when the glasses are once put on, they must ever after be retained.

Incalculable injury has been the result of the fashionable folly of wearing quizzing glasses. Both gentlemen and ladies, in the spring tide of youth, whose eyes are without a single defect, peep through these useless appendages of supposed gentility, till a permanent and incurable difficulty ensues, which time has no power to correct, which consists in a want of agreement in the focus of the two organs. Unless the surface on which the image impinges on the retina perfectly agree in both eyes, there will

be distorted and indistinct vision—such as this kind of object or prospect glasses produces.

Agreeing, as we do, in all the essentials with Dr. Wallace, and according to him the praise he merits as a philosopher and practical oculist, we are equally frank in saying that the medicine he prescribes as a substitute for spectacles appears to us, from his own reasoning, to be just as useless as the glasses. Let the eye *entirely alone*, is the doctrine we hope will yet be, as a general rule, everywhere promulgated.

Preservation of the Teeth.—Daniel Mann, M.D., an operative dentist, who, judging from the character of his writings, is conversant with the minutest details of the profession in which he is engaged, has produced a little pamphlet under the title of "*A Treatise on the Preservation of the Teeth, for the use of Families*," deserving both the attention and patronage of those for whom it was ostensibly prepared. It is systematically portioned off into sections, under the natural divisions "*of the neglect of the teeth, and its consequences; the value of the teeth; the structure of the teeth and the manner in which they become diseased; the means of preventing decay of the teeth; the means of arresting the progress of decay.*" Next, the doctor gives rules for preventing imposition; and, finally, brings the essay to a close by sensible remarks on the qualifications of a dentist, on artificial teeth, &c. This is sufficient to show what particular topics have especially been the subject of the writer's deliberations. It is a pity that there are not one hundred pages instead of twelve—families would then be more likely to purchase, to read, and to place confidence in it. The intention was laudable, to make a book on a scale so economical that everybody could afford to take important advice from its pages. We think exceedingly well of the pamphlet, though it makes no pretensions to originality, nor was it designed for those already learned in morbid anatomy.

Rules for Exploration of the Chest.—Our readers are especially referred to the papers in the three last numbers of the Journal, by Dr. Bigelow, one of the professors in the medical department of Harvard University, whose rank in the profession gives great weight to anything which he has leisure for communicating to his professional brethren. We look upon these Rules, a title which Dr. Bigelow has been pleased to give them, as the very best guides for the young practitioner extant. There is nothing in them obscure or hard to be understood; on the contrary, the simplicity and accuracy with which he teaches us how to proceed, entitle him to our sincere thanks for the pains he has taken to instruct us. We are by no means alone in this opinion. It has been suggested that if the whole were republished in a compact pamphlet form, it would be sought at the book stores with avidity.

Maryland Medical and Surgical Journal.—After an interim of some years, the physicians of Maryland have awakened from a long slumber, and now propose a quarterly journal, at \$2 50 a year, under the patronage of the faculty of Maryland. We remember when Dr. Geddings sent forth from Baltimore an excellent monthly Journal, the death of which, in the midst of so much medical talent, excited surprise. An editorial committee

has been chosen, consisting of Drs. G. C. M. Roberts, Nathaniel Potter, James H. Miller, R. A. Durkee, J. R. W. Dunbar, and S. G. Baker. Each number is to contain at least one hundred and twenty pages, and occasionally to be embellished with engravings and portraits of distinguished members of the profession. Dr. Miller is professor of anatomy and physiology in the Washington Medical College, and Dr. Dunbar fills the chair of surgery in the same institution. These names are recommendations which would give character to any work. We wish the projectors good success in their undertaking.

Editorial Courtesy.—In the number of the London Medical Gazette for March 23d, 1839, is a part of Dr. Hayward's valuable report of the surgical cases treated in the Massachusetts General Hospital, which first appeared in this Journal. It is so introduced as to have every appearance of being an original communication to that work, and no more of it was copied than was found perfectly convenient, as though it were an ephemeral affair. All this is abominable, even if it was copied from the pamphlet edition of the report; and if not, the editor, of course, should have given credit to the Boston Medical and Surgical Journal.

Wants.—Those who have kindly furnished us with circulars, and the various annual publications of schools, hospitals, medical societies, dispensaries, &c., in the several States, will please accept our thanks. Still, there are States from which no such papers have been received, which are the following, viz., South Carolina, North Carolina, Georgia, Louisiana, Alabama, Arkansas, Delaware, Maryland and Vermont. Gentlemen residing in either of these, by forwarding such pamphlets, provided they are sent immediately, will confer a marked favor.

Puncture of the Bladder.—Dr. Lewis, of Boston, punctured the bladder, through the rectum, in a neighboring town, the other day, and the success of the operation, together with its simplicity, induces us to make a record of the circumstance. The necessity of the operation arose from a severe inflammation of the urethra, which rendered it impossible to draw off the urine by that passage. The patient was bled locally and generally, took antimonials and saline cathartics, and in 24 hours was enabled to discharge the urine through the natural aperture.

College of Physicians and Surgeons, Fairfield, N. Y.—By the new circular, it is obvious that the faculty are making active preparations for the lecture term. It will be recollected that Dr. T. Romeyn Beck, so well known for his researches on medical jurisprudence, holds a chair in this institution. Dr. F. H. Hamilton, of Auburn, has the chair of surgery. He is a man of energy, originality, and indomitable perseverance. Drs. Hadley, McNaughton and Delamater, with whose names and attainments the western country is familiar, still remain.

University of New York.—A correspondent informs us that no medical appointments will be made at present. It will be recollected that a most formidable faculty was created last season; but the ill treatment meted

out to the gentlemen, obliged them to resign with feelings of disgust. Although Columbia College, also located in the same city, has, by right of charter, authority for electing a faculty of medicine, it has been decided, after mature deliberation, not to do it.

Dr. Hale's Anniversary Discourse.—A copy of Dr. Hale's discourse on typhoid fever was received after the materials for this day's Journal were prepared. Next week it will have a place. In the meantime we are much obliged to the donor for his polite attention.

Medical Miscellany.—Since the first of April, down to July, not a single death had occurred in Pensacola, which has a population of 2300.—Dr. Bernland, of Larica, in Germany, is the inventor of a new process of making leather out of refuse animal substances. In the course of the process the substance is in a fluid state, which is afterwards manufactured into boots and shoes.—The whole number of deaths in London from Dec. 1837, to Dec. 1838, was 18,266; males, 9,115, females 9,151. Under 2 years of age, 4,363. Of consumption, 2,236; by suicide, 27.

Whole number of deaths in Boston for the week ending August 3, 27. Males, 16—females, 11.
Of consumption, 2—dropsy on the brain, 1—Inflammation of the bowels, 3—croup, 1—decline, 1—old age, 1—scarlet fever, 1—hooping cough, 1—diarrhoea, 1—drowned, 2—infantile, 2—child-bed, 1—dysentery, 2—throat distemper, 1—cholera morbus, 1—canker, 1—fits, 1—liver complaint, 1—cancer, 1—cholera infantum, 1—stillborn, 3.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment :—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL McCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HURTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—tN1

JOHN REVERE, M.D., *Dean of the Faculty.*

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

- BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
ELI IVES, M.D., Professor of the Theory and Practice of Physic.
WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.
JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.
TIMOTHY P. BEERS, M.D., Professor of Obstetrics.
CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are \$12 50 for each course, except that on obstetrics, which is \$6. The matriculation fee is \$5, and the contingent bill for the course on chemistry, \$2 50. The expense of a full course, therefore, is \$76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is \$15.

CHARLES HOOKER, *Secretary.*

Yale College, August 1, 1839.

Aug 7—6t

NEW MEDICAL BOOK.

DISEASES OF THE UTERUS; a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Listranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D.

See notice of this work in Medical and Surgical Journal July 24.

It is handsomely printed in 8vo., 400 pages, and price only \$1 75. Published by William D. Ticknor, corner of Washington and School streets, Boston.

Aug 7—

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peirce to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—1y

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
EDNEZEES EMMONS, M.D., Professor of Chemistry and Natural History.
DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
JAMES H. ARMSBY, M.D., Professor of Anatomy.
DAVID M. McLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
THOMAS HUR, M.D., Professor of the Institutes of Medicine.
AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$30. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, Registrar.

Albany, July, 1839.

Jy 17—10

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the 1st Tuesday of October and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D. Rochester.
Surgery, by	D. L. ROBERTS, M.D., Geneva.
Chemistry, by	WILLIAM Usher, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.	

THOMAS SPENCER, M.D., Registrar.

Geneva, July 16, 1839.

Jy 31—10

C. B. COVENTRY, M.D., Dean.

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 431 Washington street, corner of Eliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—copy

WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$2.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.



